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**THE HEALTH
OF
WALSALL
1968**








WALSALL
COUNTY BOROUGH
HEALTH REPORT
1968

J. C. TALBOT, M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Medical Officer of Health and
Principal School Medical Officer



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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From May, 1968 to May, 1969

CHAIRMAN:

Alderman R. H. M. Baines, B.M., B.Ch.

VICE-CHAIRMAN:

Councillor J. Bassett

Alderman Mrs. E. A. Brockhurst,
J.P.

Alderman D. A. Davies
(To January, 1969)

Alderman E. F. T. Richards, M.A.
(From February, 1969)

Councillor Mrs. E. Allen

Councillor Mrs. I. C. F. Anelli

Councillor Mrs. E. Baechi
Councillor E. C. Gill, B.Sc.,
A.M.Inst.F.

(From January, 1969)

Councillor Mrs. D. M. Middleton

Councillor Mrs. R. G. Pollitt

Councillor H. Rudge

(To December, 1968)

Councillor Mrs. A. M. M. Taylor

EDUCATION COMMITTEE

CHAIRMAN:

Councillor W. Clarke, K.S.G., J.P.

VICE-CHAIRMAN:

Alderman Mrs. D. L. Purcell, J.P.

Alderman E. F. T. Richards, M.A.

Alderman C. L. Tomkinson
(From July, 1968)

Councillor H. Ashby

Councillor J. F. Baugh, B.Sc.,
A.M.I.Prod.E.

Councillor E. C. Gill, B.Sc.,
A.M.Inst.F.

Councillor Miss M. E. T. McNulty

Councillor E. Moorman, M.A.,
C.Eng.

Councillor P. H. Musgrove

Councillor Sir A. G. B. Owen,
C.B.E., D.Sc., O.St.J.

Councillor Mrs. V. G. Parkes

Councillor D. G. A. Rochford

Councillor C. T. Smith, M.B.E.
R.N.R.

Councillor Mrs. A. M. M. Taylor

Councillor J. G. Whitehouse,
M.A.I.E.

Councillor Mrs. A. Wrighton, J.P.

Councillor N. Young, M.B., Ch.B.

Mr. R. J. B. Christie

Rev. H. Wilson

Very Rev. Canon J. W. Dunne,
M.A.

Mr. A. B. Gilbert

Dr. M. H. Dale

Rev. J. W. Jackson

Mr. H. F. Chamings, M.A.

Mr. W. A. S. Flood

Mr. F. V. Magness

STAFF

(at 31st December 1968)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	J. C. Talbot, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
DEPUTY MEDICAL OFFICER OF HEALTH	J. Burrowes, M.B., B.Ch., B.A.O., D.P.H.
SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH	S. D. CHAUDHURI, M.B., B.S., D.I.H., D.P.H. R. I. Wooton, M.B., Ch.B.
ASSISTANT MEDICAL OFFICERS OF HEALTH	M. C. Grant, L.R.C.P., L.R.C.S., D.R.C.O.G., D.P.H. P. M. Twist, M.R.C.S., L.R.C.P., D.P.H.
PRINCIPAL SCHOOL DENTAL OFFICER	Mrs. I. M. Millar, L.D.S.
CHIEF PUBLIC HEALTH INSPECTOR ..	J. P. Barton, D.M.A., A.M.I.P.H.E.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	H. E. T. Lowbridge, F.A.P.H.I., M.R.S.H.
DIVISIONAL INSPECTORS	F. B. Owen (District Work) V. F. Penn (Housing) J. A. Disbury (Meat and Food) S. Monks (Smoke and Factories)
Staff	7 Specialist Public Health Inspectors 6 District Public Health Inspectors 4 Pupil Public Health Inspectors 11 Technical Assistants and Authorised Officers 4 Miscellaneous Grade Officers and 4 Manual Workers Chief Clerk—W. F. Buttery 12 Clerks
PUBLIC ANALYST	C. N. Grange, B.Sc., F.R.I.C.
CHIEF NURSING OFFICER	Miss G. Johnson
SUPERINTENDENT HEALTH VISITOR ..	Miss M. Scott 19 Health Visitors (17 full-time, 2 part-time) 1 Acting Health Visitor 1 Health Visitor/Health Education Officer 1 Tuberculosis Visitor 10 School Nurse/Geriatric Visitors 2 Geriatric Visitors (part-time) 5 Clinic Nurses (part-time) 1 Nursing Auxiliary

STAFF—continued

(at 31st Decemcer 1968)

SUPERVISOR OF MIDWIVES	Mrs. M. E. Smith 22 Midwives (17 full-time, 5 part-time) 2 Maternity Nurses (part-time)
SUPERINTENDENT OF HOME NURSING SERVICE	Mr. T. W. Jackson 21 District Nurses (18 full-time, 3 part-time) 5 Nursing Auxiliaries (Part-time)
SENIOR ADMINISTRATIVE ASSISTANT	Mr. H. D. Parsons 24 Clerks (18 full-time, 6 part-time) 8 Food Sales Clerks (part-time)
SENIOR MENTAL WELFARE OFFICER ..	Mr. W. E. Biddulph 5 Mental Welfare Officers 1 Trainee Mental Welfare Officer
MANAGER, BREWER STREET ADULT TRAINING CENTRE	Mr. R. Fryer
MANAGER, SHEPWELL GREEN ADULT TRAINING CENTRE	Mrs. R. Moss
SUPERVISOR, BREWER STREET JUNIOR TRAINING CENTRE	Miss E. Ratford
MATRON, HILLFIELD HOSTEL ..	Mrs. E. H. Brewer
MATRONS, DAY NURSERIES	Mrs. S. Kulik Miss J. Dear
SUPERVISOR, AMBULANCE SERVICE ..	Mr. H. J. Addison
ORGANISER, HOME HELP SERVICE ..	Mrs. H. Ebbans
CHIROPODISTS	Mr. P. J. Eggington Mr. G. Harding Mr. C. J. Bradbury (part-time) Miss J. C. Hayes (part-time) Miss R. E. Lake (part-time) Mr. M. Williams (part-time)

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Medical Officer of Health

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY
BOROUGH OF WALSALL

Mr. Mayor, Ladies and Gentlemen,

I am pleased to present my Annual Report on the health of the County Borough of Walsall during the year 1968.

Dr. T. Ross retired on 31st January after long service to the Corporation. I took up the post on 29th April, 1968.

These are exciting times for those interested in the health of the individual, that of the Borough, and of the County. To those especially interested in preventive medicine one detects some anxiety that the changes anticipated may not take full cognizance of the part played in the past by public health departments, and the part that they will have to play in the future. Change is justified only if it has a reasonable chance of creating a better service and it is in the preventive side of the health service, especially the personal services, that precipitant action may cause irreparable damage.

What is the function of a medical officer and a health department? It is to assess the health needs of an area, the word health is not here used in its narrow sense of lack of obvious disease, but in its broader and modern sense of full medical, social and mental well being. This requires accurate statistics and a knowledge of the locality that makes the interpretation of these statistics a positive exercise in planning the health services for the area, and not just an academic mathematical problem.

Properly handled these statistics will reveal areas of health where performance has fallen below that needed. It is the medical officers' prime function to take steps to plug these gaps either by planning services within his organisation or encouraging those responsible if action requires to be taken by other organisations.

Some parts of the health service have outlasted their usefulness, careful evaluation of existing services will identify the parts that need pruning — even felling — in these days of financial stringency and shortage of trained manpower, it is essential that no deadwood be tolerated.

The wind of change is reaching gale force and there is a chance that the plethora of reports, green papers, white papers, articles and speeches may be regarded as the vapourings of woolly headed planners, and be totally ignored, or as the true blue prints for a better future, to be accepted in their entirety, that the planners are omnipotent and know what is best for us all.

As one who is interested in the health of Walsall I am not a little concerned that insufficient thought has been given as to what is the optimum size, in terms of population and geographical area required to plan and administer effective personal health services. Certain parts of the health service e.g. ambulances are best planned regionally, but the personal health services can very easily be depersonalised and cease to operate successfully if they are planned and directed by persons too far, both socially and physically, from the local population they hope to serve.

It is suggested that the new services that will emerge in the near future will best serve the local population effectively if the local administrative areas are not too large, if the administrators not too remote from the area, and if there is adequate local democratic representation.

Taking the criteria suggested above to judge the health of Walsall, what is its state?

Since sickness rates are as yet insufficiently organised to give a clear picture of any locality, one selects death rates at certain stages of life, and uses these as gauges to measure certain aspects of the health services. Illegitimacy, venereal disease, deaths from lung cancer, all act as measures of social attitudes, and in a large way social attitudes determine the health of the individual and collectively the health of an area.

The perinatal death rate (the number of still born and infant deaths in the first week of life per 1,000 births) is a good index of the maternity services, this has shown a welcome downward trend the last three years (table on page 6) indicating a continued improvement in the maternity services

The infant death rate (number of infant deaths in first four weeks of life per 1,000 live births) which reflects the efficiency of the Maternity and Child Health Services has also shewn a downward trend

One is pleased to be able to report such progress in the services, but comparison with national averages show that there is still room for improvement.

There are many death and other rates which can be used as measures of public attitudes towards health, they all have their limitations as indices, but correctly used are valuable yard sticks. The notifications of sexually transmitted diseases and deaths from lung cancer are two such rates.

There has been a slight but welcome drop in the number of venereal disease cases notified relative to last year, 664 cases in 1968, 729 cases in 1967, but this figure is still high compared with recent years. This trend is national, not only are the numbers of notifications increasing but the ages of those infected are decreasing.

Deaths from lung cancer during the year numbered 162, of these 49 of the persons dying were under 55 years of age.

It is inconceivable that the public do not know that promiscuous sexual habits increase the chances of catching venereal disease, and that the incidence of lung cancer is directly related to the number of cigarettes smoked.

The health education problems concerning these preventable diseases differ, one disease is quickly contracted, non fatal, and in the main easily treatable, the other a fatal disease, arising out of the long term use of a drug of habit which is not only socially acceptable but socially encouraged.

There is much to be learned and much to be done in the field of health education. Effective health education can do much to prevent disease, to prevent psychiatric breakdown, to promote happy and healthy family units, but both locally and nationally more courage, more imagination and more money is required.

1968 was a year of consolidation for the department, and one of evaluation for myself, towards the end of the year plans were completed to attach the public health ~~nurses~~ to general practitioner units which would enable the health team of doctors and local authority nursing staff to offer a more comprehensive and personal service to these patients. The local authority staff remain under the administrative control of the local authority but work under the clinical direction of the doctor.

Two of the departmental medical officers were promoted to senior posts in the mental health and maternity and child health sections. There is a local and national shortage of medical entrants to the public health services, this is partly due to the relatively low salaries paid and the uncertainty concerning the future of public health services.

I would like to record my appreciation of the support and help I have received from the staff and from the Chairman and members of the Health Committee during my first year of office.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

J. C. TALBOT,

Medical Officer of Health.

Health Department,

Darwall Street,

Walsall.

Telephone No. 21244.

SUMMARY OF STATISTICS

Area in Acres	12,990
Population, 1968 (estimated)	184,060
Rateable Value (1.4.68)	£7,495,000
Sum represented by a Penny rate (1968/69)	£30,200

Live Births:—

Number (M. 1,796; F. 1,667)	3,463
Rate per 1,000 population	18.81
do. (standardised)	18.06
Illegitimate Live Births per cent of total live births	6.15

Stillbirths:—

Number (M. 31; F. 27)	58
Rate per 1,000 total live and stillbirths	16.47
Total Live and Stillbirths (M. 1,827; F. 1,694)	3,521
Infant Deaths (deaths under 1 year) (M. 43; F. 29)	72

Infant Mortality Rates:—

Total infant deaths per 1,000 total live births	20.79
Legitimate infant deaths per 1,000 legitimate live births	20.92
Illegitimate infant deaths per 1,000 illegitimate live births	18.78
Neo-Natal mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.44
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	12.99
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	29.25

Maternal Mortality (including abortion):—

Number of deaths	2
Rate per 1,000 total live and stillbirths	0.57

Deaths:—

Number (M. 1,022; F. 918)	1,940
Rate per 1,000 population	10.54
do. (standardised)	13.07

SECTION A

VITAL STATISTICS

Population

The Registrar General's estimate of population for the County Borough for mid-year 1968 was 184,060, which is an increase of 380 compared with the estimated mid-year population for 1967.

The following table shows the population trend over the last five years:—

1964	..	..	119,910
1965	..	..	120,290
1966	..	..	182,080 (From April)
1967	..	..	183,680
1968	..	..	184,060

Live Births

There were 3,463 live births in the Borough during 1968, giving a birth rate of 18.81 which is in excess of the national rate of 16.9.

Stillbirths

58 stillbirths occurred during 1968 in the Borough, showing a rate of 16.47 compared with a rate for England and Wales of 14.0.

Deaths

1,940 deaths occurred among Walsall residents during 1968 giving a death rate of 10.54. The rate for England and Wales was 11.9.

Infant Deaths

72 children under one year of age died during 1968, giving a rate of 20.79 per 1,000 live births, compared with a national rate of 18.0.

Perinatal Mortality

The perinatal mortality rate for Walsall during the last 8 years compared with the rate for England and Wales is shown.

Year			Walsall	England and Wales
1968	..	..	29.25	25
1967	..	..	32.03	25.4
1966	..	..	37.03	26.3
1965	..	..	36.00	26.9
1964	..	..	39.57	28.2

It is gratifying to note that not only has the rate dropped but that the difference between the rate for England and Wales and Walsall is now far less than formerly.

Maternal Deaths

There were two deaths associated with pregnancy during the year.

Deaths Reported to Coroner

The number of deaths reported to the Coroner during the year was 506 (490 males and 16 females).

Deaths investigated by the Coroner but no inquest held	394
POST-MORTEM EXAMINATIONS ordered by Coroner ..	390
Deaths on which inquests were held	112

VERDICTS RETURNED AT INQUESTS:—

	M.	F.
Death by Murder	1	2
Death by Suicide	9	6
Death by Manslaughter	—	—
Death by Self-induced Abortion	—	—
Death aggravated by lack of care or self-neglect ..	—	—
Death by want of Attention at Birth	—	—
Deaths by Want, Exposure, etc.	—	—
Death by Accident or Misadventure	41	31
Death from Natural Causes	4	1
Death from Industrial Disease	17	—
Stillborn	—	—
Open Verdicts	3	—
	—	—
	*75	40
	—	—

10 inquests adjourned and not resumed,

3 deaths reported during the year will be dealt with in 1969 verdicts

*Includes verdicts on 16 deaths reported in 1967.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968 IN WALSALL C.B.

General Register Office, Somerset House, Strand, W.C.2

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
Enteritis and other Diarrhoeal Diseases	M.	3	1	1	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ..	F.	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis, incl. Late Effects ..	M.	7	—	—	—	—	—	—	—	—	—	—	—	—
	F.	3	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	M.	1	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—	—	—
	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	6	—	2	—	—	1	—	—	—	—	—	—	—
Malignant Neoplasm—Stomach ..	M.	22	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Lung, Bronchus	F.	22	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Breast ..	M.	88	—	—	—	—	—	—	—	—	—	—	—	—
	F.	14	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm—Uterus ..	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	39	—	—	—	—	—	—	—	—	—	—	—	—
	F.	15	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	M.	3	—	—	—	—	—	—	—	—	—	—	—	—
	F.	6	—	—	—	—	—	—	—	—	—	—	—	—
Other Malignant Neoplasms, etc. ..	M.	97	—	—	—	—	—	—	—	—	—	—	—	—
	F.	65	—	—	—	—	—	—	—	—	—	—	—	—
Benign and unspecified Neoplasms ..	M.	3	—	—	—	—	—	—	—	—	—	—	—	—
	F.	3	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus.. ..	M.	5	—	—	—	—	—	—	—	—	—	—	—	—
	F.	6	—	—	—	—	—	—	—	—	—	—	—	—
Avitaminoses, etc.	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—	—	—
Other Endocrine, etc., Diseases ..	M.	4	—	—	—	—	—	—	—	—	—	—	—	—
	F.	6	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias	M.	1	—	—	—	—	—	—	—	—	—	—	—	—
	F.	4	—	—	—	—	—	—	—	—	—	—	—	—

Continued from previous page														
CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
Nephritis and Nephrosis	M.	6	—	—	—	—	—	—	—	—	—	—	3	1
Hyperplasia of Prostate	F.	4	—	—	—	—	1	—	—	—	—	—	—	2
	M.	6	—	—	—	—	—	—	—	—	—	—	—	6
Other Diseases, Genito-Urinary System	M.	3	—	—	—	—	—	—	—	—	—	—	—	2
Other Complications of Pregnancy, etc.	F.	1	1	—	—	—	—	—	—	—	—	—	—	—
	F.	2	—	2	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue..	M.	1	—	—	—	—	—	—	—	—	—	—	1	—
Diseases of Musculo-Skeletal System ..	F.	—	—	—	—	—	—	—	—	—	—	—	—	—
	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Anomalies	F.	5	—	—	—	—	—	—	—	—	—	—	—	2
	M.	9	6	7	1	—	—	—	1	—	—	—	1	—
Birth Injury, Difficult Labour, etc. ..	F.	12	3	—	—	1	—	—	—	—	—	—	—	—
	M.	6	6	—	—	1	—	—	—	—	—	—	—	—
Other causes of Perinatal Mortality ..	F.	5	5	—	—	—	—	—	—	—	—	—	—	—
	M.	18	18	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions ..	F.	4	4	1	—	—	—	—	—	—	—	—	—	—
	M.	2	—	—	—	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents	F.	2	—	—	—	—	1	4	1	2	1	—	—	1
	M.	10	—	—	—	1	—	1	—	—	—	—	2	1
All other Accidents	F.	7	—	1	—	1	—	1	—	—	—	—	—	3
	M.	12	—	1	—	1	—	1	—	—	1	1	1	1
Suicide and Self-Inflicted Injuries ..	F.	16	—	1	—	1	—	1	—	—	1	2	1	6
	M.	10	—	—	—	1	—	1	—	3	1	1	1	1
All other External Causes	F.	5	—	—	—	1	—	1	—	—	—	2	1	—
	M.	3	—	—	—	—	—	—	—	—	—	—	—	—
	F.	3	—	—	1	—	—	—	—	—	1	1	—	—
TOTAL ALL CAUSES	M.	1,022	36	7	2	4	11	7	34	97	212	317	295	
	F.	918	14	15	6	3	0	5	20	63	68	221	445	

Deaths from stated Causes at various ages under One year of age

=

CAUSES OF DEATH	Total Deaths under 1 year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months
Measles	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	2	—	—	—	—	—	—	2	—	—
Diarrhoea and Enteritis	2	—	—	—	—	—	—	1	—	1
Premature Birth	19	19	—	—	—	19	—	—	—	—
Congenital Malformations	16	7	1	—	1	9	4	2	1	—
Injury at birth and difficult labour ..	11	11	—	—	—	11	—	—	—	—
Infant Diseases	5	5	—	—	—	5	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—
Pneumonia	7	1	—	—	—	1	3	3	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—
Accidents	2	—	—	—	—	—	—	1	1	—
Other Causes	8	2	—	3	—	5	—	2	1	—
TOTALS	72	45	1	3	1	50	7	11	3	1

Nett Births in the Year—Legitimate, 3250; Illegitimate, 213.

Nett Deaths in the Year of Legitimate Infants, 68; Illegitimate Infants, 4.

SECTION B

INFECTIOUS DISEASES

There were 1,609 cases of infectious disease notified during the year.

The following table shows the notifications and the deaths ascribed to each disease.

					Notified		Deaths
					1968	1967	1968
Measles	..	..	..	..	1,257	1,449	—
Diphtheria	..	..	..	..	—	—	—
Whooping Cough	..	..	..		88	121	—
Scarlet Fever	..	..	..		61	50	—
Erysipelas	..	..	..	..	5	8	—
Primary Pneumonia		..	..		29	43	—
Influenzal Pneumonia		..	..		4	2	—
Infective Jaundice	..	..	..		21	Not Notifiable	—
Puerperal Pyrexia	..	..	..		3	1	—
Ophthalmia Neonatorum	..	..			1	1	—
Meningococcal Infection	..	..			3	1	—
Poliomyelitis	..	..	..		—	—	—
Tuberculosis—Respiratory		..			74	81	10
Tuberculosis—Other Forms		..			16	30	2
Food Poisoning	..	..	..		26	5	—
Typhoid Fever	..	..	..		—	—	—
Paratyphoid Fever	..	..	..		—	—	—
Dysentery	..	..	..	..	19	25	—
Smallpox	..	..	..	..	—	—	—

Nil return for diseases which used to be high in the annual lists of child killers, such as Scarlet Fever, Whooping Cough, Poliomyelitis, are very satisfactory, but a low incidence in diseases which were, in the past, sufficiently common and frightening to remind parents of the need for protection, now creates a situation where parents are less prepared to accept protective inoculations. Far more time and energy is spent persuading parents of the need for inoculations than in the giving of the injection.

Tuberculosis

Dr. J. N. Macartney, Chest Physician in charge of Walsall Chest Clinic, has kindly supplied the following report:

“Death rate per 1,000 population, with comparative figures for England and Wales:

				Death Rates	
				1967	1968
WALSALL					
Respiratory Tuberculosis	..	..	..	0.054	0.054
Other Forms of Tuberculosis	..	..	..	0.005	0.011
ENGLAND AND WALES					
Respiratory Tuberculosis	..	..	..	0.037	0.030
Other Forms of Tuberculosis	..	..	..	0.005	0.013

The local Walsall Tuberculosis rates for 1968 in regard to death and notification of new cases reveal no radical change over the previous year.

The overall local picture is unsatisfactory in that a marked diminution in the figure for new cases might reasonably have been expected over the past 10 years, judging from the national trend, and yet such a fall has not materialised. The explanation for this state of affairs almost certainly lies in the large local immigrant population, in which is reflected a very high incidence of tuberculosis.

The population picture is probably not a static one. For example, the various immigrant groups are almost certainly altering in size, but without certain basic information on the degree and extent of immigrant movement into and within the Borough, it is quite impossible at present to forecast the future trend of tuberculosis.

One can only surmise that the present comprehensive measures for the detection and treatment of cases and surveillance of contacts, will contain if not improve a potentially dangerous situation.”

Venereal Disease

Details of new cases in Walsall residents treated at the Venereal Diseases Clinic at the Manor Hospital, Walsall, during the last five years are given below:

			1964	1965	1966	1967	1968
Syphilis	..	..	3	10	13	7	8
Gonorrhoea	..	..	145	156	176	245	186
Conditions other than venereal	..	..	257	297	332	477	470

The number of cases receiving treatment at places (e.g. general practitioners, surgeries, or non-medical sources) other than hospital

clinics are not known so the tables above do not necessarily represent the true incidence of venereal disease.

Control of venereal disease basically depends on tracing and treating contacts of those infected, and a comprehensive health education programme concerning facts of venereal disease and citizen responsibility.

Fear of pregnancy and tight parental control played a part in the past in controlling the incidence of the disease.

We now live in an era of effective contraceptive devices, a permissive society, and a reasonably effective method of treating most venereal diseases. This presents a new challenge to health education and interpersonal relationships are now the core of health education.

Food Poisoning

An outbreak of Salmonella Food Poisoning was traced back to a small meat processing factory during the year. A member of the staff had returned to work following a short gastro-intestinal illness. The Health Department was not informed of his illness, and so he was not tested before commencing work. He excreted the germ for a few days at work thereby infecting some of the meat and some of the staff.

The factory was closed, cleaned and disinfected, all the trade outlets were traced, local health authorities where the stalls or shops were situate informed, all food handlers and known contacts tested, some of the food destroyed, some of it treated to render it safe for consumption, and the remainder sold when certain investigations showed it to be fit for consumption.

An enormous amount of work is entailed in tracing and controlling an outbreak of this sort, much of it done by the public health inspectors. Medical decisions have to be made regarding safety of food handlers. Some of the evidence required in making these decisions is factual, some of it circumstantial, but the final decisions are usually compromises based on subjective experience. They are calculated risks; err on the side of over caution and innocent traders may be put out of business, err on the side of under caution and many people will be ill and some may die.

Experience and local knowledge will help a medical officer to make better decisions.

Conclusion

The statistics show a reasonable year regarding infectious diseases. This satisfactory situation can only be maintained by increased efforts in the health education field and by the retention of sufficient trained staff to carry out all the routine work necessary to prevent and effectively control outbreaks when they occur.

SECTION C

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Dr. R. I. Wootton was appointed Senior Assistant Medical Officer for Maternity and Child Welfare in 1968, and reports as follows:

“The Maternity and Child Welfare Services have functioned efficiently throughout the year.

During the year there have been several changes in the midwifery service. The clinics are no longer attended by a medical officer, and the midwives have taken sole charge of the ante-natal care, all problems being referred to their own general practitioner.

In February the Bloxwich Domiciliary scheme began by which certain selected cases not eligible for a hospital bed could be delivered at the Maternity Home by the domiciliary midwife. This has proved very successful, and 43 patients took advantage of this scheme.

In August 1968, 7 radio telephones were installed. These are used daily from 8-45 a.m.—5-35 p.m. and are extremely efficient.

Stillbirths

58 occurred during the year. A survey of 52 of the 58 showed that 46 of these occurred in hospital and 6 on the district. The figures are too small to draw any conclusions.

Foetal abnormalities 6—of these only 2 were anencephalics.

A.P.H.	..	..	..	11
Prematurity	..	..	..	11
Difficult Delivery	..	..	..	2
Placental Insufficiency	..	..	..	14
Post Maturity	..	..	..	1
Causes unknown	..	..	..	7

There has been a drop in the rate of stillbirths during the last four years. In the table below, the rate in Walsall is compared to the national average.

Rate per 1,000 Total live and stillborn					
Year				Walsall	National Average
1965	..	..	..	20.51	15.7
1966	..	..	..	19.75	15.4
1967	..	..	..	19.78	14.8
1968	..	..	..	16.47	14.0

Maternal Deaths

2 occurred during the year. It is regrettable to note that one of these may have been avoided if she had taken advantage of the ante-natal care available.”

Child Welfare Centres

There are 16 child welfare centres in Walsall at which 20 sessions are held weekly attended by a doctor and health visitors.

The following table shows attendances in age groups at Child Welfare Centres during the year :—

CENTRE	Under 6 months		6—12 months		1—2 years		2—5 years		Total		New Cases
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	
Pool St.	1373	372	751	99	376	141	114	37	2614	649	236
Pinfold	2177	415	1112	264	890	271	1244	169	5423	1119	365
Countess Street	2675	517	1933	279	1108	237	765	107	6481	1140	555
Ida Road	1254	289	754	158	485	115	296	67	2789	629	199
Littleton St.	862	79	436	66	237	50	114	35	1649	230	150
Beechdale	849	221	446	103	308	93	376	101	1979	518	190
Broadway	669	164	478	98	269	86	101	35	1517	383	145
Coalpool	1038	281	501	129	530	142	481	105	2550	657	188
Mossley	1061	172	685	111	536	110	198	65	2480	458	178
Little Bloxwich	849	220	503	85	413	107	326	72	2091	484	116
Delves	970	261	553	90	343	63	234	18	2100	432	131
Kingshill	999	233	620	126	415	82	379	35	2413	476	130
Bilston Street	1959	421	792	120	484	69	414	26	3649	636	191
Walsall Street	1412	249	689	107	262	50	134	17	2497	423	188
Short Heath	3107	420	1870	185	1502	423	2030	231	8509	1259	444
Churchill Road	834	219	558	111	365	99	244	80	2001	509	109
Totals	22088	4533	12681	2131	8523	2138	7450	1200	50742	10002	3515

A.—Attendances.

M.—Medical Examinations.

Provision of Foods

Various types of proprietary baby foods, National Dried Milk, orange juice and cod liver oil are available at all child welfare sessions, and part-time women are employed on the work of distribution. The following table shows the amounts of foods sold during the year:

22,237 tins	National Dried Milk
3,432 bottles	Cod Liver Oil
3,509 packets	Vitamin Tablets
34,863 bottles	Orange Juice
53,250 lbs.	Proprietary Dried Milk
94,862 packages	other proprietary Nutrients

Dental Treatment

The Council's dental service provides for any expectant mother to be examined if necessary by a dentist following her first attendance at an ante-natal clinic, for the periodic examination of children under the age of five years and for the necessary treatment to be provided where required, particular attention being paid to conservative treatment.

During the year 12 dental sessions were devoted to maternity and child welfare patients. 14 expectant and nursing mothers were examined, 4 patients commenced treatment at the Dental Clinic and during the year 3 cases had completed courses of treatment and 2 dentures were provided. 67 children under the age of 5 years were examined, 66 commenced treatment and 49 completed courses of treatment.

Unmarried Mothers and Children

The Walsall County Borough is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

I am grateful to the Organising Secretary, Lichfield Diocesan Association for Moral Welfare Work, for submitting the following report:

"45 cases in which illegitimate births occurred in 1968 have been dealt with by Sister Ellis and Miss Grundy and these are reported on below. In addition, 10 cases in which births occurred prior to 1968 were helped according to their various needs including babies placed for adoption, advice as to Affiliation proceedings, finding accommodation, etc. 14 expectant mothers whose babies were due to be born in 1969 had the necessary plans made for their confinements; this makes a total of 69 cases under care in 1968.

11 mothers were accommodated in Diocesan Homes, 28 went into local hospitals for the confinements, 4 went into Homes outside the Diocese and 2 had their babies at home.

One of the cases concerned a married woman divorced from her husband.

2 girls married the fathers of their babies.

In all cases where it was possible the putative fathers have been interviewed and 2 Affiliation Orders were made.

The ages of the mothers ranged from 15 to 34 and are listed as follows:

Aged 15, 1. Aged 16, 2. Aged 17, 8. Aged 18, 7. Aged 19, 3.
Aged 20, 4. Aged 21, 6. Aged 22/27, 12. Aged 28/34, 2.

The ages of the putative fathers ranged between 16 and 48, 10 were married, 25 were single and the ages of 10 were not known.

The 45 babies who were born were placed as follows:

24 with mothers at home

1 with parents married

2 with mothers in Mother and Baby Homes

2 with foster parents

1 in Local Authority Home

7 adopted through this Association

2 adopted through an alternative Society

4 transferred to another Caseworker

1 was stillborn

1 mother miscarried

130 visits have been paid in connection with the 69 cases under review. In addition the homes of 15 prospective adopters have been visited and reported on and 20 babies visited after placings have been made, girls conveyed to Homes and accompanied when they have had to appear in Court or to have their signature witnessed when consenting to an Adoption Order being made.

We wish to express our appreciation of the help and advice given by the Medical Officer of Health and his staff."

Day Nurseries

The Memorial Park Day Nursery, Willenhall, is a training nursery accommodating 50 children and the Central Day Nursery, Lichfield Street, although inadequate, is registered for 29 children.

The following table shows the average attendances at the Nurseries:—

	Number on Register at 31.12.68	Total No. of attendances	Average daily attendance
Central Day Nursery, Lichfield Street, Walsall	23	4,228	16.8
Memorial Park Day Nursery, Pinson Road, Willenhall	45	8,669	34.4

Premature Infants

Notifications were received in respect of 305 infants whose birth weight was $5\frac{1}{2}$ lbs. or under. In some cases the notifications applied to infants who, although the birth weight was $5\frac{1}{2}$ lbs. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 305 infants notified, 49 were born at home and 256 in hospital. 8 of the infants born at home were transferred to hospital. The 41 infants nursed entirely at home survived at the twentyeighth day. 6 of the 8 infants who were born at home and transferred to hospital died in the first 28 days.

28 of the 256 infants born in hospital died in the first 28 days.

There were 25 notifications of premature stillbirths, 23 of these being born in hospital and 2 at home.

The hospital provision for the care of premature infants is adequate and premature infants are transferred to hospital whenever necessary. To those premature infants remaining at home special nursing care is given by midwives and by the health visitors.

Congenital Defects

Congenital defects apparent at birth are notified to the department by hospitals, doctors and midwives, the existence of a congenital abnormality being entered on the birth notification cards. Particulars of the actual defect are obtained by forwarding the appropriate Ministry of Health form for completion to the source of the notification.

An analysis of the congenital defects notified during 1968 is given below:—

Number of notifications of congenital defects received	36
Number of live births in above	30
Number of stillbirths in above	6

Defect	No. of Cases
Mongol	1
Talipes of feet	5
Meningocel	2
Cerebral Cry	1
Hydrocephalic	6
Cleft Palate	1
Anencephalic	2
Hare Lip	2
Exomphalos	1
Very small penis	1
Shortage of limbs	2
Hydrops foetalis	1
Hypospadias	1
Extra digits	2
Multiple abnormalities	3
Umbilical hernia	2
Achondroplastic	1
Slow to respond to white asphyxia Re-suscitation	1
Bifid scrotum. Meningocele or naevus over buttocks. Bowed talipes ..	1

MIDWIFERY SERVICE

Local Health Authority doctors no longer attend ante-natal clinics.

When it is necessary for the patient to see a doctor she is referred back to the doctor who is responsible for her continual medical attention throughout pregnancy.

It is hoped that midwives will be attached to groups of medical practitioners as soon as possible, and that the doctor in charge and the midwife will conduct their examination in the same clinic. This will facilitate co-operation between the doctor and midwife, and reduce the number of visits required to be made by the patient.

The staffing situation is satisfactory, and the midwives attended 973 domiciliary births, this is 31 % of the total births to Walsall women occurring in the Borough. 2,157 mothers were discharged early from maternity units and the service cared for them.

In 196⁷ the domiciliary midwives attended 1,221 births (39 % of total births) and cared for 1,757 early discharge mothers.

Every year there is a reduction in the number of domiciliary confinements and an increase in mothers being discharged soon after childbirth from maternity units. This is the problem facing the maternity services over the whole country—how to sustain an efficient domiciliary midwifery service as the number of domiciliary confinements continue to decrease. Some combining of institutional and domiciliary midwifery services is inevitable in the future if midwives are to continue to be employed efficiently. This trend has already started in Walsall as the municipal midwives now deliver their cases in the Bloxwich Maternity Home.

The Pupil Midwives' Training Scheme continues satisfactorily, four of the domiciliary midwives are approved as teaching district midwives. 13 pupils completed their district training and 11 are still under instruction.

Four municipal midwives attended approved refresher courses.

The following table shows the work carried out at the Ante-natal Clinics. Last year's figures in parenthesis.

	Attendants		Medical Examinations		New Cases	
Pool Street ..	445	(448)	91	(245)	131	(130)
Pinfold ..	612	(747)	314	(643)	198	(253)
Countess Street	528	(668)	297	(637)	191	(236)
Ida Road ..	172	(241)	68	(227)	71	(91)
Littleton Street	260	(424)	135	(369)	83	(123)
Mossley ..	215	(252)	—	(199)	78	(100)
Beechdale ..	215	(252)	—	(143)	76	(92)
Coalpool ..	293	(266)	117	(258)	117	(101)
Kingshill ..	388	(512)	36	(411)	68	(94)
Short Heath ..	1,121	(1,226)	795	(938)	235	(281)
Bilston Street ..	868	(925)	689	(777)	157	(181)
Churchill Road	281	(272)	186	(249)	83	(60)
Walsall Street	571	(656)	452	(483)	109	(149)
	<hr/> 5,969	<hr/> (6,889)	<hr/> 3,180	<hr/> (55,79)	<hr/> 1,597	<hr/> (1,891)

Last year's figures in brackets

HEALTH VISITING

The work demands of a modern health visiting staff grow faster than the rate of staff recruitment.

Health visiting was formerly concentrated on the care of the mother and young child, this care now extends to the family unit, young, middle aged and old, the needs are obviously greater at both ends of the scale.

Health visitors are actively engaged in fostering and helping play groups.

75% of the first visits undertaken by the health visitor from Countess Street Clinic were to immigrant families. Many of these families do not understand the problems they face in rearing young children far away from their native country and climate. The language barrier often reduces communication to sign language or talking through a young member of the family or neighbour who has learnt some English, advice written in their own language has limited use because many of the mothers are unable to read in any language. Here obviously is a group at special risk and special measures must be taken by the health visitor, these measures include increasing the number of visits, the setting up of immigrant and, where possible, mixed race Mother and Baby Clubs, devising means of communicating basic infant care.

Geriatric work increases, it is impossible to meet the health visiting needs of old people, this means that the geriatric nurses and health visitors have to select priorities, and limit the number of visits even to these patients. Apart from the humanitarian aspect of the problems, one wonders how much of the money that is spent by the hospital services and the help services on old people when their health breaks down, could be saved by concentrating more money on preventive aspects. A stitch in time may save nine.

The following table shows the work carried out in connection with health visiting and tuberculosis visiting during 1968:—

			Number of Cases	Total Visits
Children born in 1968	..	..	3,552	14,019
Children born in 1967	..	..	3,509	10,693
Children born 1963—1966	..	..	8,909	19,355
Persons aged 65 years and over	..	..	3,991	16,908
Mentally disordered persons	..	..	14	51
Persons discharged from hospital	..	..	283	383
Tuberculosis households	..	..	—	—
Infectious Diseases	..	..	41	61
Expectant Mothers	..	..	451	630
Post-Natal Mothers	..	..	3,336	4,482
Housing Enquiries	..	..	243	243
Other Classes	..	..	1,974	2,764
Tuberculosis Visitor:—				
Tuberculous households	..	..	671	1,199

HOME NURSING

During the year, three night helpers were added to the Home Nursing staff. Their duties are not nursing but helping to care for sick persons at home when there are no relatives to undertake the task.

The service nursed 2,110 persons during the year, 15.3 more cases than last year. 60% of the patients were over 65 years of age.

The West Midlands Training School for District Nurses is now functioning. This form of training is very necessary and the course seems well orientated to the problems of modern district nursing.

VACCINATION AND IMMUNISATION

Computer controlled immunisation programmes have been very successful in areas where there is a reasonably static population, reports to date indicate a marked rise in the number of immunisations in these areas.

Less is known of the effectiveness of computer control in the less static areas. Population movement in and out of the Borough, and between clinics, is increasing. One would like to know whether a computer could deal with the problem more effectively and cheaper than can be done by clerks.

Immunisation rates for Walsall are below averages for England and Wales, so any method of improving the situation should be carefully considered

B.C.G. vaccinations are carried out by the Health Department medical staff, the Chest Clinic staff and the paediatric medical staff at the Manor Hospital. All other immunisations being done by general practitioners and local authority health staff. Measles vaccination was introduced during the year. There was a shortage of vaccine, so initially the immunisation was offered to those children at greater risk.

2,288 children were immunised with the measles vaccine during the year. It will be some years before the efficacy of the vaccine in controlling the spread of measles can be ascertained.

Detail of immunisations and vaccinations given during the year are shown below:—

Smallpox

	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 year	2-4 years	5-15 years	Total
Vaccinated	2	9	20	39	1129	203	59	1461
Re- Vaccinated	—	—	—	—	—	7	32	39

B.C.G.

		School children and students	Contact Scheme
Number skin-tested	.. ..	2,071	403
Number found positive	..	403	83
Number found negative	..	1,553	274
Number vaccinated	.. ..	1,553	363

Other Vaccination and Immunisation

Completed Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961- 1964		
1. Quadruple DTP ..	—	—	—	—	—	—	—
2. Triple DTP	322	1148	75	28	39	1	1613
3. Diphtheria/Pertussis ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ..	21	25	2	1	799	384	1232
5. Diphtheria	—	—	—	—	—	—	—
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	2	6	18	84	110
8. Salk	—	—	—	—	—	—	—
9. Sabin	246	1518	189	67	1268	158	3446
10. Measles	18	186	215	208	1564	97	2288
11. Lines 1-2-3-4-5 (Diphtheria) ..	343	1173	77	29	838	385	2845
12. Lines 1-2-3-6 (Whooping Cough)	322	1148	75	28	39	1	1613
13. Lines 1-2-4-7 (Tetanus)	343	1173	79	35	856	469	2955
14. Lines 1-8-9 (Poliomyelitis)	246	1518	189	67	1268	158	3446

Other Vaccination and Immunisation

Reinforcing Dose.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1968	1967	1966	1965	1961- 1964		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	—	198	602	108	148	5	1061
3. Diphtheria/Pertussis ..	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ..	—	4	13	1	1768	1423	3209
5. Diphtheria	—	—	—	—	16	67	83
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	2	1	11	14
8. Salk	—	—	—	—	—	—	—
9. Sabin	1	60	180	53	3180	572	4046
10. Measles	—	—	—	—	—	—	—
11. Lines 1-2-3-4-5 (Diphtheria)	—	202	615	109	1932	1495	4353
12. Lines 1-2-3-6 (Whooping Cough)	—	198	602	108	148	5	1061
13. Lines 1-2-4-7 (Tetanus)	—	202	615	111	1917	1439	4284
14. Lines 1-8-9 (Poliomyelitis)	1	60	180	53	3180	572	4046

AMBULANCE SERVICE

Vehicles

The fleet at the end of 1968 consisted of 11 ambulances and 14 sitting case vehicles, two of which are buses used for the transport of out-patients to and from hospital. 6 new vehicles (1 ambulance and 5 sitting case vehicles) were received during the year, and 2 vehicles will be disposed of early in 1969.

Staff and Buildings

The ambulance staff at the end of the year consisted of one Ambulance Supervisor, one Assistant Ambulance Supervisor, and 49 ambulance drivers, two of whom are women. All members of the staff have successfully passed the St. John examination and refresher courses are arranged as necessary.

The ambulance station at Richard Street, Darlaston, has continued in operation throughout 1968 pending the opening of our new ambulance station near the M.6 motorway.

The work load continues at a high level, and it has been necessary for the staff to undertake a great deal of overtime work.

Building of the new ambulance station, which will replace two old and inadequate stations, started in December of the year, it is unfortunate that the very wet winter caused long delays in the initial stages of construction.

When the new station is fully operative it is hope that the centralisation of the work will reduce demands on the staff for overtime to a more acceptable level.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Cervical Cytology

During the year 2,005 women have attended for test.

The specimens are sent to the laboratory at the Manor Hospital, Walsall, for examination.

During the year we have been able to increase the clinics from two to five per week. The waiting list at the end of the year was approximately three weeks at most clinics.

To encourage the "At Risk" group, arrangements are made to attend any clinic where 20 women or more wish to have the test. This, I hope, will encourage more women to avail themselves of this service.

Sick-Room Appliances Service

Sick-room appliances are available for issue to patients on loan on the recommendation to the hospital, family doctor, district nurse or health visitor.

During the year the following articles were issued:—

Rubber sheets	..	154	Walking aids	..	..	15
Back rests	..	..	Urinals	..	..	103
Feeding Cups	..	20	Powell Chairs	..	..	1
Crutches	..	..	Air Rings	..	..	128
Walking sticks	..	..	Wheel Chairs	..	..	61
Bed cradles	..	..	Bedpans	..	..	242
Bed tables	..	..	Bed boards	..	..	9
Commodes	..	..	Bed blocks	..	..	2
			Air beds	..	..	3

A small deposit is required for each article loaned, which is refunded on the return of the article.

Convalescent Treatment

Under the Council's convalescent treatment scheme arrangements are made to provide convalescent holidays for persons certified by medical practitioners to require them.

During the year, 11 children were sent to a Convalescent Home at Bournemouth for two weeks.

Three adults went to convalescent homes at Blackpool, Llandudno and Exmouth for two weeks.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes is well established.

Chiropody

The following table shows the number of attendances for chiropody treatment since the commencement of the service:—

						Number of attendances for treatment
1961	..	..	..	..	..	693
1962	..	..	..	..	..	562
1963	..	..	..	..	..	611
1964	..	..	..	..	..	827
1965	..	..	..	..	..	1,700
1966	..	..	..	..	..	4,097
1967	..	..	..	..	..	5,864
1968	..	..	..	..	..	7,822

Chiropody is available to old age pensioners, nursing mothers and school children.

The demands on this important preventive service grow, and are much greater than can be met by the chiropody staff.

It is necessary to ensure that the chiropodists are used to best advantage on the people who need them most.

DOMESTIC HELP SERVICE

Staff

The domestic help service staff consists of one full-time Organiser, one full-time Assistant Organiser, 11 full-time and 110 part-time home helps.

The following statistics show the work done by the domestic helps during the year:—

1,223 persons received help during 1968 of whom 1,063 (87 per cent) were aged 65 years or over. The number of confinement cases attended was 72.

The same number of staff helped approximately 100 more people than last year.

The demands on the service will continue to grow. It is never possible to recruit to full establishment. It is a difficult and demanding service, thought must be given to making it more attractive for recruits. The answer may lie in more pay, and a different training programme.

MENTAL HEALTH

Administration and Staff

General Medical Supervision	Medical Officer of Health. Deputy Medical Officer of Health. Medical Officer for Mental Health. 1 Senior Mental Welfare Officer. 4 Mental Welfare Officers. 1 Mental Welfare Officer (Social Workers' Course, 2 years). 1 Trainee Mental Welfare Officer.
Training Centres:—	
Junior—Brewer Street . .	1 Supervisor. 5 Assistant Supervisors. 1 Male Instructor. 1 General Assistant. 1 Part-time Female Instructor. Domestic Staff. 1 Part-time Clerical Assistant.
Adult—Shepwell Green . .	1 Manager. 1 Deputy Manager . 2 Male Instructors. 3 Female Instructors. Domestic staff. 1 Part-time Clerical Assistant.
Adult—Brewer Street . .	1 Manager. 1 Deputy Manager (N.A.M.H. Course, 1 year). 2 Male Instructors. 3 Female Instructors. 1 Female Instructor (Temporary). Domestic staff. Part-time Clerical Assistant.
Hillfield Hostel, Willenhall	1 Matron. 1 Deputy Matron. 2 Female Attendants. Ancillary staff.

Approval of Medical Practitioners

The following doctors are approved by the Local Health Authority under the Mental Health Act, 1959, to give medical recommendations for compulsory admission of mentally disordered persons to hospital or reception into Guardianship:—

Dr. T. Ross	..	..	..	General Practitioner.
Dr. G. M. Baker	..	..	..	General Practitioner.
Dr. A. B. Davies	..	..	..	General Practitioner.
Dr. L. A. Redlich	..	..	..	General Practitioner.
Dr. P. G. H. T. Pollitt	..	..	..	General Practitioner.
Dr. M. H. Bott	..	..	..	General Practitioner.
Dr. E. R. S. Grice	..	..	..	General Practitioner.
Dr. J. W. Tanner	..	..	..	General Practitioner.
Dr. H. A. H. Summers	..	..	..	Deputy M.O.H. Now a General Practitioner.
Dr. J. E. Preston	..	..	..	Senior Assistant M.O.H.
Dr. R. I. Wootton	..	..	..	Assistant M.O.H.
Dr. F. D. Honneyman	..	..	..	(Consultant Physician (Geriatrics)).

(Note: Dr. J. C. Talbot and Dr. J. Burrowes are Approved by County Borough of Blackpool and Salop County Council respectively).

Admissions and After-Care

The following table shows the number of cases dealt with in 1968 under the Mental Health Act, 1959, by the Mental Welfare Officers:—

Removed to hospitals—mental illness	..	..	..	177
Cases investigated	..	..	..	194
No. of patients referred for after-care	..	..	..	457
No. of after-care visits paid	..	..	..	2,192
No. of miscellaneous visits	..	..	..	457
Admissions—Subnormal patients	..	..	..	29
Visits—Subnormal patients	..	..	..	1,372

Inter-Borough Services:

Minor changes have taken place in the allocation of places in establishments and the services in the Training Centres, the Hostels, etc., have continued.

The following is a summary of placements as at 31st December 1968:—

Out of Borough Cases:

	Burton	Dudley	Stafford- shire	West Bromwich	Wolver- hampton
Adult Centre Brewer Street	—	—	2	7	—
Shepwell Green	—	9	5	9	17
Hillfield Hostel	1	3	5	1	—
(Includes one 'No Home')					

Other Authorities' Services:

	Wolverhampton	Staffordshire
Junior Centre	10	—
Home for aged	—	1

Holiday Facilities

Holiday Home arrangements for Adult Trainees were again provided, two parties from the Centres were accommodated at the Miners' Welfare Home, Skegness.

JUNIOR CENTRE, BREWER STREET, WALSALL:

There were 84 Junior trainees on the register at December 1968. The Curriculum of the Centre includes rug making, stool seating, embroidery handicrafts, percussion band, eurhythmics, country dancing, puppetry, games and speech training.

Special Care unit facilities are provided for pupils with added physical disabilities:

Trainees are conveyed by departmental coaches or by sitting case ambulances in the case of children with additional handicaps. In the majority of cases the children are escorted by the parents to a "pick up" point, but some are conveyed directly from their home according to individual needs.

The observation and Pre-five group is still maintained, but the original scheme will be modified to meet urgent demands. Notifications are continually received in respect of children who would benefit by the Junior Training Centre facilities; extensions to the existing premises should accommodate a further 25 children. Other facilities may have to be reviewed in future years.

ADULT CENTRES:

Number on registers, December 1968:

Brewer Street	..	..	..	..	96
Shepwell Green, Willenhall	..	..	..	..	71

The structural design of the two centres is contrasting, but minor alterations have been effected at the Shepwell Green Centre in order to offer a more congenial setting for the Trainees in attendance. A varied programme of training has developed within the Adult Centres and in addition to a work setting, general socialization and housecraft are recognised as important aims within the daily activities. A swimming group had continued to attend at the local Baths.

Contract work is undertaken, while various methods and techniques are introduced to simplify the work in assembly or packing.

The range of completed articles manufactured or finished, comprises woodwork, metalwork, rug making, concrete work, printing and the departmental laundry. Efforts are made to vary the movement of trainees to develop a change of skills.

Coach transport is provided but Trainees are encouraged to travel by public transport whenever possible. Bus fares are refunded.

Free meals are provided with an output incentive which is paid weekly and this scheme conforms to the requirements relating to Government allowances.

A group of former patients from Hospitals for the mentally ill attend and accept the facilities intended primarily for the mentally handicapped. These arrangements provide a substitute for Day Hospitals service as there is, of course, a degree of supervision within the Training Centre setting. Whilst this is somewhat experimental there has been no marked problem between the groups.

In the case of Shepwell Green Centre, a few trainees in attendance are also part-time residents at Hillfield Hostel and return to their parents' home at weekends.

A voluntary Committee with special interest in the Shepwell Green Centre holds periodic meetings and provide extra comforts and services for the trainees.

The Caretaker's House was occupied during December 1968, and minor staff changes have resulted in the two Centres at the Brewer Street site.

Residential Accommodation

HILLFIELD HOSTEL, BILSTON LANE, WILLENHALL—
(20 beds—10 male, 10 female):

Some of the residents are able to attend for employment in Industry while others are required to attend at the Shepwell Green Centre. An arrangement already in existence, permitting some residents to remain for part-time only (four nights) continues by agreement with the appropriate authority. A contribution towards the cost of maintenance is made by the residents.

A group of working residents enjoyed one week's holiday at a Holiday Camp. They were escorted by a Female Attendant from the Hostel, and total cost of accommodation, coach fare, etc., was borne by the trainees.

Residents' finances are controlled by the Matron and records are maintained at the Central Office.

The daily care and guidance is given by the Matron and every effort is made to provide a family atmosphere. Medical attention is readily available from a local general practitioner, but periodic visits are also paid by the Medical staff of this authority.

Future Projects

In addition to the need for Hostels for the Mentally Ill, Sheltered Workshops, Short Stay Homes, which have been envisaged, consideration is being given to a Home for Maladjusted Adolescents (a joint project with Children's Department) and Day Centre facilities for selected mentally ill Clients.

Day Hospital Service

This service is available for the mentally handicapped at St. Margaret's Hospital, and the mentally ill at All Saint's Hospital, Winson Green. Patients are conveyed by ambulance.

Short Term Care

The original arrangements for Contract beds with a Voluntary Organisation were cancelled, but selected children were accommodated at a National Society for Mentally Handicapped Children Home, Rainhills, Loppington House (Salop), and St. Margaret's Hospital. The service relieves the families of continuous care of the grossly handicapped child.

Mental Health Week

The Phoenix Social Club, which meets weekly, is a club for patients who have been discharged from Mental Hospitals and for persons who are in need of a preventive service. It has proved to be a valuable contribution to the Council's Mental Health Service. A varied programme is arranged which includes coach trips, social evenings, film shows, and on alternate evenings, a handicraft session is held, when instruction is given by health visiting staff and voluntary members from local organisations. Mental Welfare Officers are always in attendance which allows the patients an opportunity to discuss any problems relating to family matters, employment and general rehabilitation.

The Adult Training Centre Social Club has now become an established activity and this affords an opportunity for Trainees, along with relatives to enjoy a social setting. Many of the Mentally handicapped adolescents are deprived of Youth Club activities and lack opportunities to mix with their age group. Various voluntary groups send representatives for their particular activity and this permits a personal involvement resulting in a greater appreciation of the problems of the handicapped. Members of staff are always available for such functions.

MENTAL HEALTH ACT, 1959

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1968

	Mentally III				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				Total															
	Under Age 16		16 and over		M	F	(5)	(6)	Under Age 16		16 and over		M	F	(11)	(12)	M	F		(15)	(16)	M	16 and over											
	M	F	(1)	(2)					(3)	(4)	M	F											(7)	(8)	(9)	(10)	M	F	(13)	(14)	M	F	(17)	(18)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at the end of year																																		
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	2										
(b) Not in urgent need of hospital care ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	—	—	—	3										
(c) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	3	1	—	—	—	5										
2. Number of admissions for temporary residential care (e.g. to relieve the family).																																		
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	6	2	4	3	—	15										
(b) To L.A. residential accommodation ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1										
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	—	—	—	5										
(d) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	2	11	2	5	3	—	21										

Number of patients referred to Local Health Authority during the year ended 31.12.68

Referred by	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals
	Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
	—	—	3	8	—	—	—	—	—	—	—	—	—	—	—	—	(17)
(a) General Practitioners	—	—	3	8	—	—	—	—	—	—	—	—	—	—	—	—	11
(b) Hospitals, on discharge from in-patient treatment	—	3	183	268	—	—	3	—	—	—	4	6	—	—	1	2	470
(c) Hospitals, after or during out-patient or day treatment ..	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	4
(d) Local Education Authorities ..	—	—	—	—	—	—	—	—	—	—	16	8	12	9	—	—	45
(e) Police and Courts	—	—	2	7	—	—	—	—	—	—	1	—	—	—	—	—	10
(f) Other Sources	—	—	10	8	—	—	—	—	—	—	—	3	3	—	—	1	25
(g) TOTAL	—	3	200	293	—	—	3	—	—	—	21	17	15	9	1	3	565

As from 1st January 1968, "referral" was limited to persons who were referred to the authority of the provision of services, whether centre or hostel, by means of home visits or otherwise. Referrals made for the purpose of obtaining admission to hospital were not counted.

HEALTH EDUCATION

It is 9 years since the Joint Committee, chaired by Lord Cohen, reported. When one reads through many of its excellent suggestions and then realises how few of them have been implemented in an effective way, one appreciates that Health Education as a reality is in its infancy. It is true that much good in this field is done by the health visiting and nursing staff, this is mainly in the field of personal advice, classes, lectures, school talks, etc.

There is much that needs to be learned in the field. Techniques of presentation can be improved, evaluation of methods must be undertaken.

There are many claims on financial sources but Health Education is one that for financial as well as social reasons, the country and the borough cannot afford to neglect.

NURSING HOMES

At the end of the year there were no nursing homes registered under the Public Health Act 1936.

MEDICAL EXAMINATIONS

The medical staff of the Health Department carry out medical examinations on behalf of the various corporation departments on candidates for admission to the superannuation scheme and also act as medical examiners in cases where corporation employees are reported to be medically unfit to continue in the Council's service.

The following table shows the number of medical examinations carried out during the year:—

Education Department	..	..	..	380
Health Department ..	..	..	..	93
Transport Department	..	..	..	270
Housing Department	..	..	..	79
Public Works Department ..	..	..	..	101
Borough Treasurer's Department ..	..	..	..	28
Baths, Parks and Cemeteries	..	..	..	81
Magistrates Clerk's Office ..	..	..	..	4
Children Department	..	..	..	12
Town Clerk's Department ..	..	..	..	22
Welfare Department	..	..	..	20
Weights and Measures	..	..	..	5
Borough Architect's Department ..	..	..	..	4
Public Libraries ..	..	..	..	26
Fire Department	..	..	..	23

WATER SUPPLIES

The following information has been received from suppliers of water to the County Borough of Walsall.

The Engineer-in-Chief of the South Staffordshire Waterworks Company reports as follows:—

“The supply to the County Borough of Walsall has been satisfactory in quality and quantity.

The supply to the County Borough is derived from pumping stations outside the boundaries of the Authority. These pumping stations are examined regularly and, where treatment is installed, bacteriological examinations of the raw waters are also carried out.

During 1968, routine samples were examined within the County Borough from the Walsall Reservoirs, Daisy Bank Crescent, Bloxwich and 15 Slater Street, Darlaston.

12 samples from Bloxwich, 12 from Daisy Bank Crescent, 23 from the Area Offices and 17 out of 19 samples from Darlaston were all free from coliform bacteria.

25 out of 26 samples from the Walsall Reservoirs were all free from coliform bacteria.

In the cases of possible contamination, such as a burst or damaged main, emptying reservoirs, etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains, etc., are not brought into use until the water has been examined and proved satisfactory.

The number of houses with a piped water supply in the County Borough of Walsall at 31st December, 1968 was 46,616 which includes 3 supplied from an outside tap. The population is estimated at 3.11 persons per house.

Only one of the supplying stations contains any significant quantity of naturally occurring fluoride. This is Seedy Mill, where an average of 0.19 p.p.m. was obtained in 1968.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantity of lead.”

Secondly the Chief Chemist and Bacteriologist of the Wolverhampton Corporation Water Undertaking reports as follows:—

“The water supplied to the area has been satisfactory in (i) quality and (ii) quantity.

No instances of contamination occurred.

Population supplied by piped supplies (June, 1968)—

Local Authority	Estimated No. of houses	Estimated Population
Wolverhampton County Borough Council	84,124	268,574
Dudley County Borough Council ..	1,400	4,152
Walsall County Borough Council ..	13,593	43,463
West Bromwich County Borough Council	51	
Cannock Rural District Council ..	4,152	13,706
Seisdon Rural District Council ..	9,392	29,555
Bridgnorth Rural District Council ..	4,087	12,470
Shifnal Rural District Council ..	2,004	8,078
		<hr/> 380,000 <hr/>

There are no supplies to standpipes.

No artificial fluoridation of the supply is carried out. Natural fluoride content at any point with the supply area will fall within the range 0.04–0.18 ppm.

Number of samples examined:—

Bacteriological	2,627
Microbiological	13
Biological	224
Chemical	1,228
Radiological	1
TOTAL ..	<hr/> 4,093 <hr/>

RESULTS:

Bacteriological

	No. of samples	0	No. of samples containing Coliform organisms per 100ml.		
			1–2	3–10	Over 10
Water before and during treatment ..	947	870	5	7	65*
Water going into dis- tribution	853	843	7	2	1
Water in distribution system	527	503	15	7	2
Miscellaneous samples	300				

* All River Worfe raw water

E. Coli were confirmed in 7 samples of water leaving Tettenhall Works. Here the water is dosed to 0.50 mg/l chlorine, passes through open reservoirs, and is dechlorinated to 0.25–0.30 mg/l before being pumped to supply. In December No. 2 Reservoir was emptied, to enable cleaning to be carried out. This is to be followed by a site investigation to aid the design of the proposed roof. When this work has been carried out, the future of No. 1 Reservoir will be decided.

Of the water before and during treatment, 18 samples containing *Klebsiella aerogenes* 11 were obtained from No. 1 borehole, Dimingsdale. Investigation of the site revealed a cracked sewer, and work was immediately put in hand to repair this. The other boreholes at this site were unaffected, and on no occasion was a sample of the chlorinated water going into supply unsatisfactory.

In the distribution system, E. Coli were confirmed in two consecutive samples from Gough Road Tank. Inspection revealed an uncovered hatch. The tank was immediately taken out of service, emptied, chlorinated, refilled, and sampled. The samples proved to be entirely satisfactory and the tank was returned to service.

E. Coli 1 were confirmed in three samples from hydrants. All were re-sampled and found to be satisfactory. Where other coliforms were found, only one location was not satisfactory on re-sampling. Flushing was carried out and samples taken subsequently proved to be satisfactory. In all cases where a positive sample is obtained from a hydrant, a check sample is taken from a house supplied from the main concerned. In no case has a positive sample been obtained.

Two samples from domestic taps, one in a house and one in office premises, contained 2 E. Coli 1 and 1 E. Coli 11 respectively. These were immediately re-sampled and found to be satisfactory.

Of the 264 samples from the new mains laid during the year, 83.5% were passed as satisfactory.

These results conform to a satisfactory standard of quality.

Chemical

Treatment of the River Worfe at Cosford, consists of pre-chlorination coagulation with aluminium sulphate, sedimentation, rapid gravity filtration and super chlorination and partial de-chlorination.

The River Severn supply, derived from Hampton Loade Works and under the control of the South Staffordshire Waterworks Company, is treated in a similar manner. Facilities are available at Cosford for dosing Fullers Earth to aid coagulation, and at Hampton Loade for activated carbon for taste removal and lime for PH adjustment.

The quality of the water from these supplies is closely monitored, weekly samples being taken for chemical and sanitary analyses.

Regular analyses are carried out on water from the Distribution system. Water on the system generally consists of a mixture from the various sources of supply and consequently the chemical composition is variable.

No artificial fluoridation of the supply is carried out. Natural fluoride content within the supply area will vary between 0.04—0.18 ppm.

The waters supplied are not plumbo-solvent, as indicated in a survey carried out in 1967.

The Undertaking's advice to consumers has always been (1) never use the hot tap for culinary or drinking purposes and (2) allow the cold tap to run for ten seconds before use first thing in the morning. The recent surveys re-affirm these views.

SEWERAGE

The Upper Tame Main Drainage Authority has supplied the following information relating to sewerage disposal in Walsall:—

“There are six Sewage Disposal Works within the boundaries of the district, none of which can be considered as being reasonably adequate to deal with the flows of sewage discharged thereto. The drainage areas of two of these Works lie almost entirely outside the district (one in the County Borough of West Bromwich and the other in the County Borough of Wolverhampton) and another lies partly within Aldridge/Brownhills Urban District. All the Works were vested in the Upper Tame Main Drainage Authority on 1st April 1966 under the terms of the Upper Tame Main Drainage Authority Order 1966.

The watercourses within the district act as carriers for sewage effluents from ten other Works vested in the Authority and situated outside the district, making a total of sixteen of which only one is adequate.

Of these sixteen Works, thirteen, including four in the district, are scheduled for abandonment under a scheme which has been prepared by the Authority which provides for the centralisation of sewage disposal on a site downstream of the district and is the subject of an application for planning permission now awaiting determination by the Minister of Housing and Local Government. On completion of this scheme, the arrangements for sewage disposal for the greater part of the district will be satisfactory.

Satisfactory sewage disposal arrangements for the rest of the district will be provided under a centralisation scheme involving the remaining three of the sixteen Works, which will be based on a Works situated in the district.”

Mr. G. J. Whitehouse, Borough Engineer and Surveyor, has supplied the following report:—

“Within the area of the Borough, as it existed prior to 1st April 1966, the sewerage system is in general on a combined system. During periods of rainfall certain sewers, particularly trunk sewers, become overloaded and relief is obtained by means of storm water overflows communicating with natural watercourses. Despite this, during rainfall, certain sewers become inadequate to deal with the flow and flooding occurs. It is, therefore, considered desirable that new sewers should be provided to prevent flooding of this kind. Such new sewers would be required as follows:—

1. A new trunk sewer from Walsall Town Centre to the Brockhurst Sewage Works.
2. A new Foul Water Sewer to serve the Pleck from Wednesbury Road to Bescot Crescent.
3. New Surface Water and Foul Water Sewers in Green Lane in the vicinity of Talbot Stead's factory.
4. Improvement of the south eastern main sewer to prevent flooding of the Golf Course off the Broadway.
5. New sewers in the Lord Street area.

The area of the former Willenhall Urban District Council is reasonably well served by sewers on a partially separate system. However, for many years now, flooding of the foul water sewer in the Aston Road areas has been experienced due primarily to the inadequacy of sewers in the Summerford Area and a surcharged condition results. The ideal solution to this situation is to replace the aged and overloaded foul water sewer with a new trunk foul water sewer from the Willenhall sewage disposal works to at least the Summerford area. Into this new sewer could be discharged many of the main sewers from the Willenhall Town Centre area thereby improving drainage facilities there, and also drainage from the Long Acres Industrial Estate upon which interest in development is now being increasingly focused.

Within the area of the former Darlaston Urban District Council, the older development, particularly the Town Centre itself, is served by sewers on a combined system. More recent development, however, is served by sewers on a partially separate system. Whilst it is considered that the sewers in general are reasonably adequate, flooding is fairly regularly experienced at certain parts of the district where, in rainfall, localised lengths of sewers become overloaded and surcharge. The two instances where flooding occurs is due to inadequate sewers at Wolverhampton Street, Darlaston and Bently Road South, Darlaston. In both cases it is felt that the problem may be overcome by the construction of relief sewers.

The draining systems of the enlarged Borough incorporate fifteen different foul water pumping stations vested in this Authority and, by this means, foul drainage from certain low lying development is connected to the public gravity sewers. The majority of these stations

were constructed during the 1920's and 1930's, and as a result of development within their drainage areas in recent years, there is a tendency for some of these stations to be overloaded at periods of peak flow. All of these stations have recently been given thorough inspections and a policy is now formulated for the systematic overhaul of them over a period of several years, and designed to ensure that they are structurally and mechanically sound and adequate to perform their functions. At the moment a scheme is being prepared for the improvement of five stations, three in the former Darlaston Urban District and two in the former Willenhall Urban District.

The disposal of surface water drainage from within the Borough is achieved by discharging either surface water sewers to appropriate watercourses or where the system of drainage is combined, by employing surface water overflows. In all cases surface water is discharged to the River Tame or its tributaries where flowing through the district. Other Local Authorities upstream of this administrative area have, like us, undertaken extensive developments during the last 20 years from which surface water drainage has been discharged to the River Tame and its tributaries. In consequence, during periods of rainfall, the concentrated run-off to these watercourses is in excess of their capacity to deal with it, and flooding of the brooks and River Tame both within and without our area occurs. With improvements to the drainage systems now being contemplated by these other Authorities, flows to the River Tame may be significantly increased during the coming years and, unless major works of improvement are carried out to such natural watercourses, then severe flooding of the brooks, the River Tame, and sewers discharging thereto will inevitably result particularly in the Summerford and Town Centre Areas of Willenhall."

NATIONAL ASSISTANCE ACT 1948, SECTION 47

This section provides for the compulsory removal of persons in need of care and attention. There were no cases during the year where action was necessary.

CREMATION

The Medical Officer of Health is the Medical Referee to the Walsall Corporation under the regulations made in pursuance of the Cremation Acts, and is responsible to the Corporation for the final authority to cremate. The Deputy Medical Officer of Health and the Senior Assistant Medical Officer act as medical referees in the absence of the Medical Officer of Health.

During 1968 certificates were given in respect of 698 deaths of persons who had resided in Walsall and 391 in respect of persons who had resided outside the Borough, a total of 1,089.

NURSERIES AND CHILD MINDERS

The Nurseries and Child Minders Regulation Act was amended by the Health Services and Public Health Act, 1968 in November 1968. This amendment clarified imprecise definitions and some loopholes in the original Act. Under these new regulations control of those child-minding will be more efficient and a large number of minders who could avoid registration previously will not now be able to do so.

The amendments to the Act are necessary and very welcome but will increase the work already undertaken in the registration and supervision of nurseries and child minders.

BLIND PERSONS

The care of blind persons is a function of the Welfare Committee in Walsall and they work in close conjunction with the Walsall, Wednesbury and District Society for the Blind. There is a modern institution and workshop for the blind in the town and the facilities and care provided are of the best.

At the end of 1968 there were 382 Walsall residents on the register for the blind and 74 on the register for the partially-sighted.

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Public Health Inspector

for the year ended 31st December, 1968

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the public health inspectorate for the past year.

The previous year had seen the continuance of staffing difficulties which had hampered the department since the enlargement of the Borough in 1966 under the West Midlands Order 1963, but early in 1968 some of the essential vacancies in the department were filled and the position further improved later in the year with the welcome recruitment of two experienced inspectors and the qualification of a pupil inspector. From that date the department began to feel the benefit of a fuller complement of staff.

It had been apparent for some time that an adjustment was required of the "model" establishment set up at the time of the enlargement of the Borough. Experience had shown that there was a greater need of specialisation to deal with special problems such as food hygiene in preparing premises, or houses in multiple occupation, and towards the end of the year re-organisation proposals were prepared.

Much time has been spent during the year in the preparation of evidence for provisions of the Parliamentary Bill designed to replace the various Local Act powers granted to the different local authorities incorporated in the Borough or stretching back through eight Walsall Corporation Acts to the middle of the last century. Many of the existing provisions were discarded as redundant, some were sought for retention and a few new or extended powers were framed.

There has been an increase in the number of houses represented for slum clearance following an increase of houses allocated for this purpose from 300 to 500 a year. The maintenance and repair of private houses has received the constant attention of the department and the improvement of houses continues steadily. The hoped for rise in the rate of improvement has not occurred, probably because of the various financial restrictions affecting private owners, whether as

owners of investment property or as owner/occupiers. Compulsory improvement of houses in Improvement Areas or at the request of tenants has continued, but the procedure is so laborious that there has been little immediate effect for all the effort made.

The inspection of premises under the Offices, Shops & Railway Premises Act has continued at a satisfactory level. The Act is now becoming better known and accepted. Inspection of food premises under the Food Hygiene Regulations still falls short of a desirable minimum but staff re-organisation proposals, with a greater emphasis on routine inspection by a specialist division, were submitted during the year to cover this deficiency.

The figure for atmospheric pollution shows a disappointing halt in the gradual decline noted over the last few years. It is hoped that the halt is only temporary and that a combination of factors such as the introduction of natural gas; the continuing trend away from the open fire in the domestic market; the passing into law of the Clean Air Act 1968- with stronger powers to deal with the "industrial bonfire" the emission of grit, dust and fume, chimney heights, and the delivery of coal in smoke control areas; will all add up to a further reduction in pollution. It is hoped that some easing of the financial situation may allow greater progress in the promotion of smoke control areas.

My thanks are expressed to all members of the staff who assisted in the compilation of the Report, and to the Health Committee for their continued support throughout the year.

J. P. BARTON,
Chief Public Health Inspector.

PART I — GENERAL

Complaints, Enquiries, Visits

The number of complaints received by the department amounted to 5,500 for the year, of which 2,650 referred to disrepair of property.

The following figures show the flow of work:—

Complaints dealt with ..	5,500
Notices served	854
Enquiries handled ..	11,500
Visits for all purposes ..	30,806

A large majority of the complaints received by the department fall within the work of the district public health inspectors and, because of the shortage of experienced inspectors in this division of the department and the consequent lack of opportunity to carry out routine work covering food hygiene and shop inspections, careful consideration was given to the re-organisation of the district division so that all work could be dealt with more effectively. Proposals were placed before the Health Committee for a reduction in the number of districts with the transfer of the supervision of food preparation premises, mobile shops and rota meat inspection duties to the meat and foods division, and work in connection with houses in multiple occupation to the housing division. The proposals envisaged the appointment of a third authorised officer for meat inspection, the transfer of a lady public health inspector from district work for food hygiene work, and the transfer of another district inspector for housing work.

The re-organisation proposals were accepted by the Establishment Committee towards the end of the year and arrangements were made to put them into operation early in 1969.

Offices and Shops

Under the provisions of the Offices Shops and Railway Premises Act 1963 numerous inspections were made by public health inspectors and authorised shop inspectors. 1,565 premises were shown as registered at the end of the year under the provisions of the Act, this total being an increase of 15 on the previous year. It would appear that this slight increase is due to the number of shops and offices opening in the new development sites in the town after deleting from the register those shops closed for various reasons, including re-development.

There has been an increase in the number of general inspections of shops and offices from 466 to 536. A general inspection is a detailed inspection of premises, as distinct from a routine visit of inspection or re-inspection, and such visits can be very time consuming.

The figure of 536 is considered satisfactory in the circumstances and if maintained means that every shop or office registered under the

Act will have a detailed general inspection every three years, apart from numerous visits for particular purposes to many premises.

There has also been an increase in the total number of visits of all kinds (including general inspections) to registered premises from 1,365 for the previous year to 1,880 for the present year.

This increase is probably due to the fact that many of the occupiers of premises have remedied contraventions found during original inspections and this has left more time for routine visits.

All plans submitted for new shops and offices, or the alteration of existing premises, are thoroughly scrutinised by the district public health inspectors and shop inspectors and advice given where it seems that contraventions of the Act could arise. Although time consuming this system has been found to be successful and has generally received the full co-operation of the architects and contractors concerned, who are now becoming more aware of the requirements of the Act.

29 accidents (necessitating absence from work for more than three days) were reported during the year and investigations have where necessary, been carried out. It was not found necessary in any case to take legal proceedings but where necessary structural alterations were requested, or advice given. The prescribed particulars supplied to the Department of Employment and Productivity are as follows:—

Registration and General Inspections:

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general insp. during the year
Offices	24	358	76
Retail Shops	75	931	381
Wholesale shops, warehouses	4	56	6
Catering establishments open to the public, canteens	2	215	72
Fuel Storage Depots ..	—	5	1
Total ..	105	1,565	536

Number of visits of all kinds by inspectors to registered premises	1,880
--	-------

Analysis of Persons Employed in registered premises by workplace:

Class of workplace	Number of persons employed
Offices	3,402
Retail shops	4,789
Wholesale departments, warehouses	692
Catering establishments open to the public	1,307
Canteens	78
Fuel storage depots	46
Total	10,314
Total Males 3,734	Total Females 6,580

Factories and Outworkers

The prescribed details of inspections are set out on page 80

Several notifications of the employment of outworkers have been received during the year and inspections have been made of home working conditions.

Continued attention has been paid to factory canteens. 132 inspections were made resulting in 70 requests to remedy contraventions of food hygiene regulations. In the main the visits were welcomed by local firms and ready co-operation was forthcoming.

Hairdressers and Barbers

There are about 230 hairdressers in the Borough of whom 170 have their businesses within the old boundaries and are accordingly required to be registered under the Walsall Corporation Act 1954. The anomaly of unregistered premises in the areas outside the old Walsall boundary will be remedied if new local act powers applying to the whole Borough are granted.

Routine inspections were made during the year and conditions were usually found to be satisfactory. Existing Byelaws apply only to the former areas of Walsall and Darlaston.

Animal Boarding Establishments

Only one establishment was registered in Walsall. The premises were inspected jointly with a veterinary surgeon and found suitable for registration.

Pet Shops

15 shops were licensed under the Pet Animals Act 1951. Routine inspections showed that licence conditions were generally observed and, with one exception, that conditions were generally satisfactory.

Caravans

The control of residential caravan sites falls under the provisions of the Caravan Sites and Control of Development Act 1960. The Act is administered jointly by the Planning Committee, who lay down the conditions of planning consent, and the Health Committee, who issue the site licence incorporating planning conditions, public health requirements and fire precautions after consultation with the Chief Fire Officer. The position in respect of licensed sites at the end of the year was:—

Licensed sites	10
Licenses lapsed, not renewed or transferred ..	2
Licenses granted, renewed or transferred ..	—
Number of caravans on sites at end of 1968 ..	29
Number of inspections carried out	55

The caravan sites described in the preceding paragraph are quite distinct from the problem of itinerant caravanners which has received so much publicity during the year. The term “gypsies” is officially used to describe these caravanners, although probably only the minority are of true gypsy origin.

Annual Reports of previous years have recorded the squalor, rowdyism, litter and fouling associated with the illegal siting of itinerant caravans in built up areas. The embankment of derelict sites against trespass has been successful in preventing the use of these sites, but not all sites can be so protected. In the case of private sites there is no legal power available to require protection against trespass but owners are requested to leave a suitable banking when demolishing property. Embankment is effective against trespass by caravanners but it does not improve the appearance of the site.

With a reduction in the number of derelict sites available there has been a tendency for “gypsies” to make use of sites which could not easily be protected, such as car parks, tips, country lanes and streets.

This siting of caravans on streets brought particular problems since in such a case the Corporation has no direct legal power of removal, the matter being one for the police. A brief description of the legal situation covering the illegal siting of caravans on Corporation land or private land may be helpful.

In the case of Corporation land the "gypsies" can be removed as trespassers and their caravans placed on the highways, whereupon they become the responsibility of the police.

In the case of private land the owner can be invited to take similar action against the "gypsies" as trespassers on his land. The response to such a request is obviously more effective when the owner is some large commercial undertaking or public body, which has the resources to evict trespassers. The small private owner is faced with a real difficulty if the "gypsies" ignore requests to remove from the site.

Within the former boundaries of Walsall recourse can be had to the provisions of Section 106 of the Walsall Corporation Act 1930. Under this Act proceedings can be taken against both the "gypsy", and the site owner if the latter is at fault. Outside the old Borough boundaries this power is not available and recourse must be had to the Caravan Sites and Control of Development Act 1960 under which proceedings can only be instituted against the site owner. Since the owner of the site may be a quite unwilling host to "gypsies" who refuse to move, the procedure under this Act seems unfair, leads to legal argument and to delay, which it is difficult for the public to understand or accept.

The existing powers of the Walsall Corporation Act 1930 are due to lapse in 1970 under the West Midlands Order 1963 which brought about the enlargement of the Borough. In order both to retain the power and extend its effect to the whole Borough it was included in the Parliamentary Bill under promotion, in an amended and strengthened form. The proposal met with much opposition locally and nationally, but was approved at the Town's Meeting in late December called to consider the whole Parliamentary Bill.

Attention was centred by the opponents of the Parliamentary Bill proposals on the provisions of the Caravan Sites Act 1968 and accompanying Circular. The provisions of Part II of this Act, although not in force proposed that local authorities should provide caravan sites for "gypsies". Once a local authority provided such a site they were to be given powers to remove illegally sited caravans. The Council debated a Motion in December to request the Minister of Housing & Local Government to grant exemption from the requirement to provide a site for gypsies but the meeting adjourned before the resolution was taken.

The Parliamentary Bill contained a further proposal which, by an amendment of Section 75 of the Walsall Corporation Act 1939, prohibited the siting of caravans in "streets". This proposal was to cover the loophole in the law which had been only too apparent to the residents of houses adjoining certain streets in the Borough where gypsies encamped during the year.

Most of the work in connection with the removal of "gypsy" caravans fell upon the Public Works Department, since the land involved was generally in Corporation ownership. Where caravans

were sited in streets the matter was one for the police. The Health Department were concerned with eight incidents involving private land but were involved in all the incidents in using disinfestation staff to spray or dust large areas of land with insecticides or disinfectants to reduce health hazards. In addition much time has been spent in arranging the removal of litter or filth at the Corporation's expense.

Careful consideration was given to the possible use of public health legislation against the "gipsies" concerned but it was found to be either inapplicable because of lack of proof, difficulties of identification, or the slow procedure involved. Alternatively, the legislation could only be enforced against the legal owner or occupier of the land who, in most cases, was the innocent party, and in many cases was the Corporation itself.

Disinfestation and Disinfection

Last year it was reported that careful consideration was being given to the procedure for the baiting of sewers to keep the rat population under control, with the intention of eventual eradication. There is no doubt that this work is of considerable importance and that failure to maintain systematic baiting of sewers leads to an increase in surface infestation.

It was recognised that with the small number of trained operatives employed at the Bloxwich Depot it had proved almost impossible over the years to maintain a proper sequence of baiting. The possibility of transferring the work to the Public Works Department and combining it with the regular inspection of sewers by that department was discussed with the trade unions concerned. A scheme which showed financial savings to the Corporation and a much improved control of the sewers was prepared for submission to the appropriate committees towards the end of the year.

The work handled during the year can be summarised as follows:—

Complaints received of rats and mice	..	1,903
Visits to deal with rats and mice	.. ..	7,082
Premises treated for insect pests	.. ..	697
Sewer manholes baited	.. ..	3,538

About 2,900 inspections were made by disinfestation staff of the premises and effects of prospective or exchanging council tenants. In 19 cases evidence was found of bug infestation and approximately 83 cases of woodworm infestation requiring treatment were found.

The clothing and bedding of 52 verminous persons was disinfested.

Early in 1968 difficulties arose in the continuation of the van fumigation services of the department whereby the furniture and effects of families transferring to council property were subjected to

hydrogen cyanide fumigation. The procedure had been in force in the department since 1938 of carrying out van fumigation in respect of all slum clearance removals and all other removals where a re-inspection had indicated the need for such fumigation.

In 1966 with the enlargement of the Borough the policy was adopted of confining fumigation to cases where pre-inspection had shown the need. This led to a substantial drop in the number of fumigations from about 200 to about 20 a year.

The difficulties referred to at the beginning of the year arose from the passing of the Carcinogenic Substances Regulations 1967 which branded one of the ingredients in the testing solution used to detect traces of fumigant as being carcinogenic. The testing for traces of fumigant after fumigation and ventilation of the furniture is an essential safeguard which could not be discontinued. In the absence of an acceptable testing agent fumigation had therefore to cease.

After correspondence with the Home Office an alternative testing arrangement was approved but by this time consideration had to be given to the extensive repair or renewal of the fumigation van.

The cost of repair or renewal in relation to the small number of fumigations carried out was considered. Account was also taken of the increasing difficulties of maintaining a staff of experienced operators and obtaining necessary supplies or equipment. Having regard to these circumstances and to the range of alternative modern insecticides available, consideration was being given towards the end of the year to the discontinuance of hydrogen cyanide fumigation.

Drain clearance scheme

808 complaints were referred to the Public Works Department for attention under the Council's free drain clearance scheme. 92 of the complaints were reported back to the department for the service of notices requiring the execution of work.

Swimming Baths

Constant sampling of bath waters was maintained both from public baths and school swimming baths. 246 samples were taken and 13 proved "unsatisfactory". Most of the samples classed as "unsatisfactory" were well within the tolerance limits, taking into account varying temperatures of the water and fluctuating loads. In two cases early remedial action was taken following unsatisfactory samples and in one further case an overhaul of a chlorinating plant was carried out.

Fertilizers and Feeding Stuffs Act

The sampling of Fertilizers and Feeding Stuffs is an additional duty carried out as part of the general sampling programme. 22 samples were taken. One sample of bonemeal proved unsatisfactory and statutory proceedings were authorised but could not be instituted within the legal time limit available.

Rag Flock and other Filling Materials Act

There are four premises in the town requiring registration under the Act. No samples were taken during the year, very little of the traditional materials specified for sampling now being used. Those filling materials in use are marked as complying with the appropriate British Standard Specification.

PART II — HOUSING

Repair of Houses

During the year 583 houses were repaired as a result of notices served by the district inspectors. This total represents a fall of over a hundred in the number of notices served in the previous year.

Reference was made in that report to the cumbersome procedure laid down by the Public Health Acts or Housing Acts for securing the repair of houses. The local Act powers of the Walsall Corporation Act 1954 provide a much simpler and swifter procedure for securing urgent repairs within the old Borough boundaries, but the powers do not extend to the areas of Willenhall, Darlaston and Wednesbury. The Parliamentary Bill promoted during the year sought to extend the local Act powers to the whole of the Borough to expedite the procedure for securing repair of property. In addition, it was expected that a proposed Housing Bill would contain improved powers of repair which would assist in preventing the deterioration of property, rather than requiring extensive repair after deterioration had occurred.

Certificates of Disrepair

No applications for Certificates of Disrepair under the Rent Act 1957 were received during the year. One application for the cancellation of a Certificate was received and granted.

Slum Clearance

An impetus was given to the Slum Clearance Programme for the year with the increase in the allocation of new houses for that purpose from 300 to 500 a year. It was considered that with a re-organisation of staff this figure of 500 could be achieved and maintained. Proposals to increase the size of the housing division formed part of re-organisation proposals submitted towards the end of the year. Although the allocation of the greater number was not given until half way through the year it was still possible to represent 467 unfit houses. The time lag between commencing inspections of an area and the actual representation of the area can be many months and means that work which was commenced during 1968 will not finally be presented to the Committee until 1969.

Clearance Areas

467 unfit houses were represented during the year for clearance in areas, individual closure or individual demolition. New Clearance Areas were represented involving a total of 430 houses as follows:—

The Walsall (Booth Street, Darlaston) Clearance Area 1968	6 houses
The Walsall (Perry Street, Darlaston) Clearance Area 1968	16 „
The Walsall (Bloxwich Road No. 1) Clearance Area 1968 ..	16 „
The Walsall (Ward Street) Clearance Area 1968 ..	22 „
The Walsall (Clemson Street, Willenhall) Clearance Area 1968	15 „
The Walsall (Moat Road) Clearance Area 1968 ..	11 „
The Walsall (Butts Road) Clearance Area 1968 ..	14 „
The Walsall (Smith Street, Darlaston) Clearance Area 1968	31 „
The Walsall (Whitton Street, Darlaston) Clearance Area 1968	4 „
The Walsall (Ford Street) Clearance Area 1968 ..	9 „
The Walsall (Doctors Piece, Willenhall Nos. 1 and 2) Clearance Areas 1968	14 „
The Walsall (Carless Street Nos. 1, 2, 3, 4) Clearance Areas 1968	26 „
The Walsall (Mount Street Nos. 1 and 2) Clearance Areas 1968	47 „
The Walsall (Cobden Street Nos. 1, 2, 3, 4) Clearance Areas 1968	30 „
The Walsall (The Green, Darlaston) Clearance Area 1968 ..	5 „
The Walsall (Wisemore) Clearance Area 1968	13 „
The Walsall (Birchills) Clearance Area 1968	151 „

Orders Made

The following orders were approved by the Council on the dates given.

The Walsall (Kings Hill, Wednesbury) Clearance Order 1968	6. 5.68	84 houses
The Walsall (Kings Hill, Wednesbury) (No. 2) Clearance Order 1968	22. 5.68	3 „

The Walsall (High Street, Bloxwich) Clearance Order 1968	15. 1.68	2 houses
The Walsall (Alma Street, Willenhall) Clearance Order 1968	24. 6.68	125 „
The Walsall (Albion Street, Willenhall) Clearance Order 1968	24. 6.68	2 „
The Walsall (Albion Street, Willenhall) Compulsory Purchase Order 1968	24. 6.68	61 „
The Walsall (Perry Street, Darlaston) Clearance Order 1968	21.10.68	16 „
The Walsall (Booth Street, Darlaston) Clearance Order 1968	18.11.68	6 „
The Walsall (Bloxwich Road) Compulsory Purchase Order 1968	16.12.68	16 „
The Walsall (Clemson Street, Willenhall) Clearance Order 1968	18.11.68	15 „
The Walsall (Reeves Street, Bloxwich) Clearance Order 1968	18.11.68	4 „

Public Inquiries

The undermentioned compulsory purchase order and clearance order were the subject of a Public Inquiry as follows:—

The Walsall (Reeves Street, Bloxwich) Compulsory Purchase Order 1967	89 houses
The Walsall (Holtshill Lane) Clearance Order 1968 ..	3 „

H. R. Parkin, Esq., A.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 25th June, 1968.

Confirmation of Orders

The following orders were confirmed by the Minister of Housing and Local Government without modification on the dates given.

The Walsall (Dale Street) Compulsory Purchase Order 1967	8. 1.68	14 houses
The Walsall (Dale Street) Clearance Order 1967	31. 1.68	6 „
The Walsall (High Street, Bloxwich) Clearance Order 1968	11.3 .68	2 „
The Walsall (Holtshill Lane) Clearance Order 1968	14. 6.68	3 „

The Walsall (Elmore Green Road, Bloxwich) Clearance Order 1968	.. .. . 26. 6.68	8 houses
The Walsall (Albion Street, Willenhall) Clearance Order 1968	.. .. . 25.11.68	2 „

The following orders were confirmed by the Minister of Housing and Local Government with modification on the dates given.

The Walsall (Alexandra Road) Compulsory Purchase Order 1967	.. .. . 31. 1.68	5 houses
This order was confirmed with modification that Nos. 93 to 103 Dale Street be excluded from the order.		

The Walsall (Old Birchills) Compulsory Purchase Order 1967	.. .. . 20. 2.68	47 „
This order was confirmed with modification that reference 63, land at rear of Nos. 57 to 61 Birchills and the Rose & Crown Public House, be excluded from the order.		

The Walsall (New Street, Bloxwich) Compulsory Purchase Order 1966	.. .. . 13. 2.68	28 „
This order was confirmed with modification that references 1 to 5, 16, 17, 45 and 47 being Nos. 20, 21, 22, 23 Elmore Row, Bloxwich, Nos. 41, 43 New Street, two-storey warehouse rear of No. 41 New Street and single storey garage rear of No. 43 New Street be excluded from the order.		

The Walsall (Reeves Street, Bloxwich) Compulsory Purchase Order 1967	.. .. . 23. 9.68	89 „
This order was confirmed with modification that No. 103 Station Street be included in Part III of the schedule of the Order (grey property) and Nos. 81, 83, 85, 87 Reeves Street be excluded from the compulsory purchase order. These four houses were dealt with as a clearance order known as the Walsall (Reeves Street) Clearance Order 1968.		

Summary of action in respect of Unfit Houses.

Represented as unfit						
In clearance areas	..	..	..	..	..	430
Individually—private	..	..	..	..	..	25
Council owned	..	..	..	..	..	12
Confirmed as unfit						
In clearance areas	..	..	..	..	..	189
Individually and Council owned	..	..	..	..	..	45
Vacated and demolished						
Houses vacated	..	..	..	..	..	333
Families re-housed	..	..	..	..	..	333
Houses demolished	..	..	..	..	..	610
Balance as at:—				1st Jan., 1968	31st Dec., 1968	
Occupied houses represented in previous year(s) as unfit awaiting confirmation	..	..	..	528	694	
Occupied houses confirmed in previous year(s) awaiting vacation and demolition	..	..	..	365	258	
Total				893	952	

The progressive total of houses dealt with since 1930 under the slum clearance programme is summarised as follows:—

Houses represented as unfit	..	..	..	6,779
Houses demolished or closed	..	..	..	7,255
Approximate number of persons displaced	..	..	..	25,169

New Houses.

During 1968 new houses in Walsall were provided by the following undertakers:—

Walsall Corporation	..	867
Private persons	..	410

Improvement of Houses.

Three new improvement areas were represented during the year and the department continued to be energetically engaged in the promotion of the improvement of property.

In conjunction with a private firm of printers and advertising agents a booklet entitled "Improving Your House" was produced, including a great deal of information about the improvement of property in Walsall, together with photographs of houses before and after improvement. This booklet was produced free of charge by the firm concerned and many have been distributed throughout the town to persons and businesses interested in the improvement of property. The Ministry of Housing and Local Government have expressed an interest in some of the photographs produced in the booklet and have asked permission to use some of them in literature produced by the Ministry. Towards the end of the year the Ministry Mobile Exhibitions on improvement grants visited the town and from reports it appears that the visit proved quite successful.

In spite of all the activities of the department and the endeavour to promote improvement areas, procedural delays in improvement areas are such that the total number of grant applications received during the year remains static at approximately 250.

A new Housing Bill was proposed during the year based on the White Paper entitled "Old Houses into New Homes". The Bill intends to improve the cumbersome procedure relating to the implementation of improvement areas, in an endeavour to ease the administrative burden on local authorities and to speed the improvement of property.

The ultimate power that the local authority have at the present time of carrying out work in default would be replaced by a power of compulsory purchase if an owner failed to carry out improvements. It is intended that at the same time as improvement of individual houses proceeds the environment of the area would be improved in a similar manner to experiments carried out in other parts of the country.

Whilst the new proposals may be of value it is considered regrettable that the Housing Bill presents them as the only compulsory power of improvement and proposes to rescind completely the present powers to promote compulsory improvement in improvement areas. It is difficult to understand why over three years work in setting up administrative machinery to make the existing legislation work is being dismantled so abruptly, especially when the procedure is just becoming better known and more acceptable to owners, agents and solicitors. It remains to be seen whether the new proposals are any more effective, but in any case the experience gained of the former provisions would seem to be lost, whilst a new procedure will now need to be learned—with consequent delay in the improvement programme.

The position at the end of the year in respect of voluntary applications was:—

Voluntary Application				
Applications approved during 1968:—				
Discretionary grants	..	..	..	136
Standard grants	..	..	..	110
Amount of grant aid	..	..	..	£51,848
Applications approved prior to 1968:—				
Number of grants	..	..	..	2,273
Amount of grant aid	..	..	..	£351,538

Improvement Areas

Three new improvement areas have been represented to the Committee as follows:—

The Walsall (Nos. 3 and 4) (Darlaston) Improvement Areas 1968 27th November 1968

The Walsall (No. 5) (Birchills) Improvement Area 1969 18th December 1968

It is interesting to note that, in all the areas which have so far been either inspected or superficially surveyed, roughly half the houses have already been improved and of the remaining tenanted houses about half the tenants are anxious to have improvements carried out. Where the tenant refuses to have the work carried out a Suspended Improvement Notice is served, which has the effect of delaying such action for five years, or until the tenancy changes, thus involving long delays in the improvement of an area.

The position at the end of the year was:—

Preliminary Notices served	..	97
Improvement Notices served—		
Immediate	.. .. .	36
Suspended	.. .. .	46
Improvement works completed	..	13

Tenants' Applications

The position in respect of requests by tenants for the Council to enforce the improvement of their houses is as follows:—

No of enquiries received during 1968	..	..	45
No. of representations made and owners notified	..	..	40
No. of preliminary notices served	..	..	44
No. of Improvement Notices served	..	..	47
No. of undertakings given	..	..	5
Improvement works completed	..	..	32
<hr/>			
Total enquiries received before 1968	..	..	208

Houses in Multiple Occupation

Towards the end of the year consideration was being given to the transfer of work in relation to houses in multiple occupation from the district division to the housing division, in view of the close association of the work with other housing work. The re-organisation proposals previously referred to envisaged the employment of an increased number of specialist staff on this work.

It is estimated that there are 500-600 houses in multiple occupation in the town. Over a thousand visits were made during the year as part of a comprehensive survey of the whole Borough to determine the true position with the view to the submission of a comprehensive report to the Health Committee. With the need to complete the survey in reasonable time and in view of the intended report to the Health Committee, the service of statutory notices was confined to the most needful cases and only 22 notices to provide additional facilities and 29 notices to prevent or reduce overcrowding were served.

Difficulty was often experienced when talking to persons with little command of the English language and reliance has often to be placed upon children of school age to act as interpreters and supply information.

The general standard of cleanliness remains reasonably satisfactory but parts of premises in common use were often found to be below the standard of private rooms, doubtless due to the absence of any clearly defined responsibility for their upkeep. Complaints of accumulations of rubbish in rear gardens and yards were received from time to time. As in previous years, the Chief Fire Officer was informed of all cases of multiple occupancy coming to the department's knowledge. Further comment will be made in next year's report when the results of the survey have been made available to the Health Committee.

Salvation Army Hostel

The Salvation Army Hostel in Goodall Street comprises two groups of buildings, one of which is owned by the Army, the other being leased by the Corporation.

There is accommodation for 181 persons, 76 of whom occupy individual cubicles, the remainder sleeping in dormitories. The hostel is rarely occupied by more than 140 persons on any one night. A total of 24 staff also live on the premises.

There are two canteens on the premises, one of which is also open to the general public. Works of improvement have been carried out to the kitchens.

A small number of cases of verminous bedding or clothing occurred during the year. As in previous years, the Health Department carried out the necessary disinfestation of the articles.

It has been agreed to install two new oil-fired boilers and it is hoped that this will be carried out during the coming year.

PART III — FOOD

Food Hygiene

It was possible during the year to increase the number of visits to food premises to 2,366 against the figure of 1,562 for the preceding year. Whilst the increase is welcomed it is unfortunately not sufficient in relation to the number of food premises in the town. The table shows 1,857 food premises requiring inspection and many of these require inspection several times a year.

The premises requiring particular attention are those in which food preparation takes place, since this is where outbreaks of food poisoning are most likely to originate. The re-organisation proposals under consideration towards the end of the year recommended the transfer of responsibility for this particular group of food premises from the district division to the meat and food division on the grounds that the daily pressures and changes of work in the district division made any continuous programme of routine visiting too difficult to maintain. It was suggested that since routine inspections were the essential basis of food hygiene work this work was better suited to the specialist meat and foods division. The inspection of retail food shops, where inspections could be more spasmodic and food preparation was not involved, were considered to fit in better with district work and were not proposed for transfer.

Number of food premises

Grocery and Provisions	..	..	447
Cafes..	..	..	47
Butchers	..	..	215
Canteens	..	..	179
Fishmongers and Poulterers	..	..	29
Bakers and Confectioners	..	..	64
Sweets, etc.	..	..	104
Greengrocers	..	..	133
Mixed Food Shops	..	..	155
Fish and Chip Shops	..	..	38
Stalls and Mobile Shops	..	..	131
Food Factories	..	..	20
Public Houses	..	..	293
Dairies	..	..	2
Total			1,857

Markets

During the year discussions continued on the means of bringing the three markets in the Borough into compliance with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1969, having regard to long term re-development proposals for the market sites involved.

An experimental stall designed during 1967 was put into trial use but was found to be complicated in erection and dismantling, although the stall itself was well accepted by market traders. Later in the year another stall of proprietary design was tried out and found to be quicker to erect. Orders were placed for the first batch of these stalls to be placed in the Walsall-Bloxwich markets. The position in respect of the Willenhall market was complicated by the fact that all existing stalls were privately owned, but it was decided to make the standard stalls available for renting as an alternative to the provision of private stalls of equal standard.

Difficulties also arose in obtaining premises for the hygienic storage of the new stalls. The empty building earmarked for this purpose in the market area had been severely damaged by vandals and no other suitable building was readily available. The possibility of using enclosed low loading trailers as a combined method of transport and storage was being investigated as an alternative at the close of the year.

The provision of additional washing and sanitary facilities in the Willenhall market was equally difficult to resolve, in view of the re-development proposals affecting the whole area. Negotiations to convert private premises in the market area did not materialise. Eventually negotiations were opened with a brewery company to

extend the facilities available at a local public house under an agreement whereby market traders' accommodation would be available.

The design stage of the market traders' accommodation forming the ground floor of the multi-storey car park in the vicinity of the Walsall market was well advanced during the year. The department commented on the draft plans and made several suggestions. The scheme envisaged the provision of vehicle loading facilities, food preparation rooms, storage accommodation, sanitary and washing facilities, with an office and other facilities for staff.

Delivery vehicles

The control of vehicles comes under The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 and the present number known to be operating in the Borough is set out below:—

Vehicles selling open food	25
Vehicles selling no open food but fruit and vegetables	46
Vehicles selling no open food	4
Retail bread delivery vehicles	295
Wholesale food delivery vehicles carrying open food	25

Some of these vehicles can also be controlled under the Walsall Corporation Act 1939 or Willenhall Urban District Council Act 1939 relating to the registration of food hawkers and during the year 17 vehicles were registered. No powers of registration exist in the Darlaston and Wednesbury parts of the Borough but these are being sought in the Parliamentary Bill being promoted.

The inspection of delivery vehicles and mobile shops has been the special concern of a lady public health inspector throughout the year and approximately 453 inspections were made resulting in many improvements, including the provision of personal hand washing facilities on vehicles carrying open food, other than fruit and vegetables.

In two cases legal proceedings were instituted, resulting in the following:—

<i>Nature of offence</i>	<i>Fine and Costs</i>
Dirty mobile shop	£50 0 0
Dirty delivery vehicle	£32 7 0

Meat Inspection

The meat inspection carried out at the three slaughterhouses in the Borough is shown below in relation to the figures for the preceding

year. Approximately 68 tons of meat and offal was found to be unfit for human consumption at the time of inspection and was surrendered for destruction.

It was not possible to bring the complement of meat inspection staff up to full strength because of the difficulty of maintaining the rota of district public health inspectors for weekly duties. In view of this difficulty and the continuing shortage of public health inspectors, the re-organisation proposals prepared at the end of the year made provision for the permanent appointment of a third authorised officer for meat inspection in lieu of a public health inspector post.

In the meantime the employment of a newly qualified authorised officer in a temporary capacity was continued.

The figures for the slaughterhouses' throughout are as follows:—

Number of animals killed and inspected					1968	1967
Cattle (excluding cows)	..				11,026	12,600
Cows	..	..	..	..	278	122
Calves	..	..	..	..	58	1,488
Sheep	..	..	..	..	61,218	70,014
Pigs	..	..	..	..	26,687	23,999
Total					99,267	108,233

The reduction in kill from the preceding year shows some effect from the foot and mouth epidemic on slaughtering supplies.

Tuberculosis.

No. affected with tuberculosis		% of the number Inspected	
		1968	1967
Cattle	5	.05	.044
Pigs	215	.84	1.21

Tuberculosis continues to run at a very low rate. The incidence in pigs shows a decline although there is a slight rise in the incidence in cattle. Eight reactors were slaughtered under the tuberculosis eradication scheme.

Cysticercosis

This condition of the cystic forms of certain species of tapeworms as found in sheep and cattle again shows a welcome decrease in cattle:—

	No. affected with cysticercosis	% of the number inspected	
		1968	1967
Cattle	47	0.41 %	0.64 %
Sheep	124	0.46 %	0.46 %

Casualties and Emergency Slaughter

There has also been a continued decrease in the number of animals found to be injured or sick or dead on arrival, the figures being 116 as against last year's total of 143.

Bacterial swabs

Over 150 bacterial swabs were taken during the year but with one exception all proved negative for food poisoning organisms, indicating a healthy class of animals slaughtered and satisfactory standards of hygiene.

Diseases of Animals

The major outbreak of foot and mouth disease reported in last year's report continued until 3rd May. The meat and foods inspectors were involved in their dual capacity as inspectors under the Diseases of Animals Act in the issue of movement licences and the supervision of the movement of animals generally. Many hours of overtime were worked and by the end of the outbreak 2,279 licences had been issued covering the movement of over 64,000 animals.

Unsound Food

Under the voluntary surrender scheme maintained for the benefit of local traders just over 13 tons of canned and other foods unfit for consumption were surrendered for destruction.

Foods of unsatisfactory quality

There was a reduction in the number of complaints received of unsatisfactory foodstuffs from the figure of 94 for the preceding year to a figure of 73 for the current year. All cases were carefully considered after a thorough investigation and legal proceedings were instituted in the following cases:—

Court Proceedings—Food and Drugs Act 1955**“Foreign Bodies” (Section 2)**

Nature of offence						Fine and Costs		
Fly in Milk	..	..	..	..	..	£31	0	0
Fly in Bread	..	..	..	..	..	£25	0	0
Foreign matter in bottle of orange juice	..				..	£25	5	0
Fly in pie	..	..	..	..	..	£15	0	0

Foods of unsatisfactory quality (Section 2)

Sausage rolls in mouldy condition (a)	..	£28	3	0
Sausage rolls in mouldy condition (b)	..	£25	0	0
Cream sandwich cake in mouldy condition	..	£16	0	0

Milk and Cream

Of the 477 samples taken during the year only three were unsatisfactory in that they failed to pass the keeping quality test. There was no apparent reason for these failures, except for possible poor rotation of stocks, and all repeat samples proved satisfactory.

Eight samples of milk were taken for biological examination for the detection of organisms responsible for tuberculosis or brucellosis. Two of the samples gave unsatisfactory preliminary results for the presence of brucella but further testing showed the samples to be negative.

Eight samples of cream were taken and three were reported upon as being unsatisfactory by judgement against certain provisional standards at present in use. Full particulars of the source and nature of these samples were supplied to the Public Health Laboratory Service as part of a wider investigation into the quality control of cream supplies.

Ice Cream

25 samples of ice cream were taken for bacteriological examination and one proved to be unsatisfactory. Advice and assistance was given to the manufacturer concerned. 11 samples taken for examination of chemical quality gave satisfactory results.

Pesticides

As part of a national scheme to determine the extent of the contamination of foodstuffs with pesticides, eight samples were taken of certain specified foodstuffs. The reports received showed no cause for disquiet but sampling was continued as a matter of routine.

Water supplies

In addition to the sampling of mains supplies carried out by the water undertaking, as reported elsewhere, three samples were taken by the department and found to be satisfactory. The principal attention was given to the sampling of two local borehole supplies which would not otherwise be sampled. 115 samples of these borehole supplies were taken. Although three of these samples were unsatisfactory these were of the unchlorinated supplies and comparative samples of the supply after chlorination were satisfactory.

Other Food and Drugs

229 samples of food and drugs were taken for chemical examination of their composition and quality. Six samples of shandy, bread and butter, milk bread, chocolate novelties, Parrish's food, were reported upon as being unsatisfactory. In two cases the matters were dealt with by warning letters. In the other cases, unfortunately, by the time chemical analysis was completed there was insufficient time to institute legal proceedings within the statutory time limit and the contraventions had to be dealt with by informal warnings or advice.

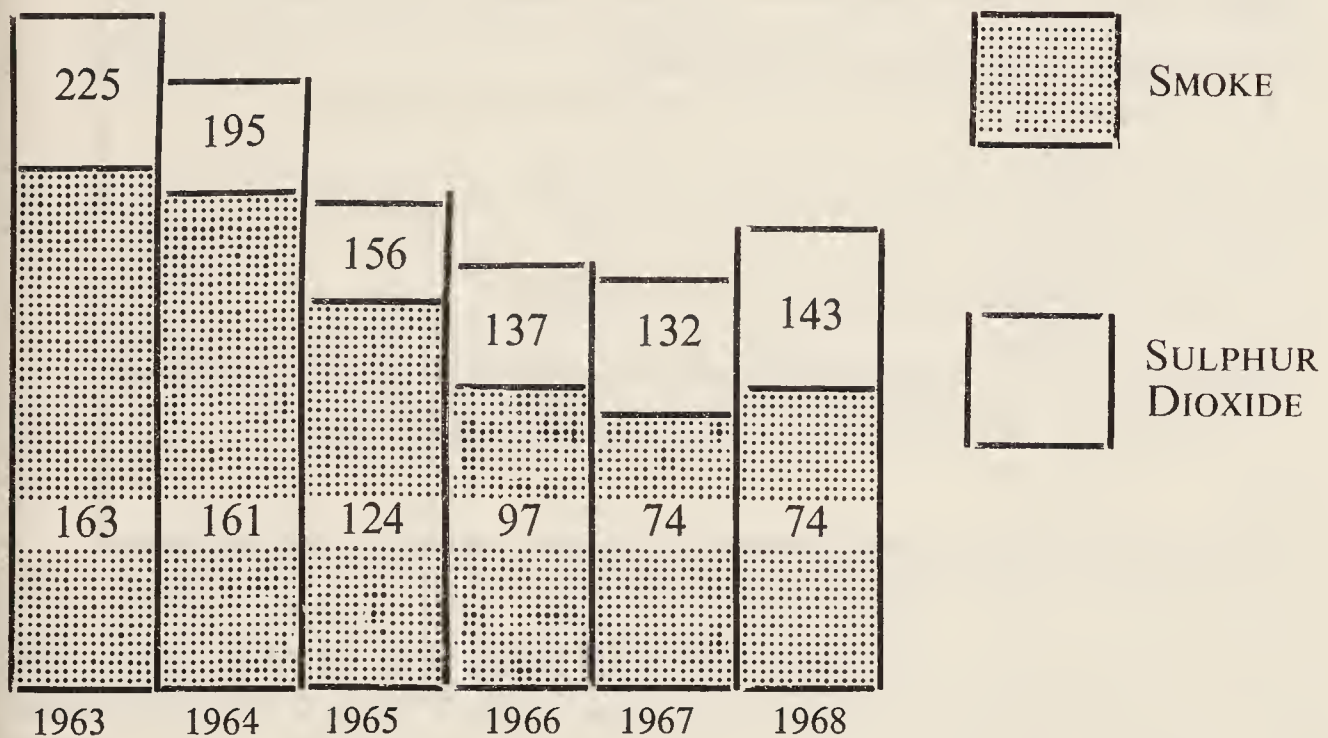
PART IV — CLEAN AIR AND NOISE CONTROL

Clean Air

A summary of the yearly average of the various pollution gauges in the town is as follows, the results being expressed in microgrammes per cubic metre. The figures in brackets are for the previous year.

Site	Classification	Smoke	Sulphur Dioxide
1 Town Centre	.. .. .	94 (96)	175 (182)
2 Pleck	Industrial	78 (71)	203 (147)
3 Palfrey	High Density Residential..	78 (90)	140 (150)
4 Beechdale	Low Density Residential..	81 (73)	134 (118)
5 Brookhouse	Low Density Residential.. (Smoke Control Area)	39 (42)	63 (65)
6 Darlaston	Town Centre	97 (74)	114 (126)
7 Bentley	Low Density Residential..	69 (73)	83 (96)
8 Willenhall	Industrial	83 (81)	77 (103)

A comparison of the returns for the last few years is shown diagrammatically below.



It is noted that after a gradual decrease in pollution for some years, the amount of smoke in the atmosphere remained the same, whilst the amount of sulphur dioxide shows a slight increase. This is a disappointing halt in the progress being made, but it is hoped that it is only a temporary setback in the gradual improvement of the atmosphere. The introduction of natural gas into the area should assist in the reduction of the sulphur dioxide content of the atmosphere, whilst the promotion of smoke control areas and new powers in respect of industry should bring down the smoke pollution figure. There is also the continuing reduction in domestic smoke as more and more people turn away from the labour and dirt of the coal fire.

Industry and Commerce

Liaison was maintained with the planning section of the Borough Engineer and Surveyor's Department in the examination of all plans or proposals which raised the possibility of nuisance from noise, vibration or air pollution. Many industrial concerns and their architects now seek preliminary discussions with the department before submitting formal proposals where noise or pollution may play a part.

All proposals for chimney heights are examined within the department, having regard to the nature of the plant to be installed, the fuel to be burned, and the surrounding area. A new problem has arisen from the discharge of fume from launderettes and small dry cleaning premises. Every effort is made to obtain a high discharge, if possible above eaves level.

The action taken in respect of plans and proposals can be summarised as follows:—

Number of proposals examined	334
Recommendations made to mitigate dust, grit and fume	11
Recommendations made in respect of chimney heights	39
Recommendations made to mitigate noise or vibration	18
Statutory notifications of new boiler plant and furnaces	43

Ten of the boilers installed were oil fired and six were gas fired. Any new or replacement boiler or furnace is invariably an improvement on the existing situation in that some other less efficient plant, more prone to pollute the atmosphere, is put out of use. It is particularly pleasing to know that 16 of the boilers and furnaces installed were gas fired or electrically heated, thus achieving not only smokeless combustion but also sulphur-free combustion at the same time.

111 observations of industrial or commercial chimneys were made during the year. In 14 cases verbal warnings were given of infringements of the Dark Smoke (Permitted Periods) Regulations 1958 and in six cases warning letters were sent. In the main the offences were committed by lack of attention and the warnings given were sufficient to prevent any serious recurrence.

Grit and Fume Control

The long awaited report on Emissions from Cold Blast Cupolas at Ironfoundries had still not been published at the end of the year. Because of the difficulties and uncertainty being caused by the delay in the publication of the Report the Health Committee authorised the Chief Public Health Inspector to raise the matter as a formal question at the Standing Conference of Co-operating Bodies for the Investigation of Atmospheric Pollution. This Conference consists of representatives of local authorities, public bodies, large industrial concerns and other organisations, who co-operate in the measurement of atmospheric pollution and are actively interested in its reduction. The Conference meets bi-annually under arrangements made through the Warren Spring Laboratory staff of the Ministry of Technology.

At the meeting arranged in November 1968 a question in the following terms was put down for answer:—

“In May 1964 it was reported to the Standing Conference that following the resolution in November 1963, a Working Party was being formed to consider initially the question of emissions from iron foundry cold blast cupolas. In May 1967 it was reported that the report of the Working Party had been sent to the Ministry of Housing and Local Government.

“Within the County Borough of Walsall many cold blast cupolas in older parts of the town are in close proximity to houses and schools. Delay in publishing recommended standards has hindered the taking of long term measures either by the local authority or industrialists, and must lead to a worsening situation. An existing Regional agreement on grit arrestation measures has been left in abeyance.

“Having regard to the lapse of five years since the original proposal to set up a Working Party and the difficulties caused by the uncertainty as to future standards for grit arrestation and cupola heights, can the publication of the Working Party recommendations be expedited?”

A reply was given to the effect that “a memorandum on the report made by the Working Party on emissions from cold blast cupolas at iron foundries had been prepared by the Ministry This was with the printers and it is hoped to issue it during December 1968”. By the end of the year the report had not been received.

Grit and Dust Regulations

Towards the end of 1967 notification was received that the Minister of Housing and Local Government intended to make Regulations controlling the amount of grit and dust to be permitted in flue gas emissions.

It was reported to the Health Committee that the standards would require accurate measurements to be made by local authority staffs, or by specialist firms employed by the local authority.

The cost of measuring equipment was estimated to be several hundred pounds, but the cost of employing outside firms was found to be in the region of £25 a day. Since each series of measurement would cover several days it could be seen that the purchase of equipment and the training of the department's own staff would become essential. As an interim measure arrangements were made to send one specialist public health inspector on a training course organised by the National Industrial Fuel Efficiency Service (N.I.F.E.S.) and a sum of money was put aside to cover the hire of equipment and an outside firm for a series of measurements if the demand arose. Arrangements were also made to train a further officer during 1968.

In April 1968 the Clean Air (Measurement of Grit and Dust) Regulations 1968 were published, which enabled local authorities to

require the marking and recording of measurements of grit and dust in flue gases. The requirement was found to apply only to very large fuel burning plants, or those burning pulverised fuel and in consequence had no effect within the Borough. It is expected, however, that further Regulations will be made which will apply to much smaller fuel burning plants and involve the department in the routine monitoring of flue gases.

Clean Air Act 1968

Twelve years have passed since the publication of the first Clean Air Act and the passage of time has shown the need for many amendments and improvements. These were incorporated in the Clean Air Act 1968.

Section 1 of the new Act covered the troublesome nuisance of the "industrial bonfire" caused by the burning of scrap, motor vehicles and waste materials in the open air, where although it might be difficult to prove that any single person suffered a nuisance, the overall pollution of the atmosphere was all too apparent.

Sections 3-5 strengthened the powers to require the fitting of grit arrestation plant to new plant and laid the basis for more stringent control by the making of Regulations.

Section 6 provided a revised power to control chimney heights for new or modified fuel burning plant and closed many of the previous loopholes in the law.

Sections 8-10 contained two new powers in respect of domestic smoke control areas. The first power enabled the Minister to give a direction requiring a local authority to create smoke control areas where it is considered that insufficient progress had been made. The second power prohibited the delivery of coal in a smoke control area from a date to be determined.

The Act contained many other miscellaneous but important provisions. All the provisions were to be brought into force at dates to be determined by Order during 1969.

Domestic Smoke Control

During the year the Ministry embargo was lifted on the giving of grant for electric fires and space heaters, using "on-peak" electricity. Previously the only grant for electric space heating appliances had been for block storage heaters using "off-peak" supplies.

Most householders continued to prefer gas as a "convenience" fuel, 66% installing gas fires, 2% electric storage heaters and 32% preferring solid fuel fires or stoves. Many householders received partial grants towards central heating systems.

No further smoke control areas were promoted during the year although provisional approval was given to a programme in the region of £20,000 for each of the succeeding financial years. It was planned to start the survey of a further smoke control area in the Delves area during the early part of 1969.

During the year the No. 10 (Sneyd Lane) and No. 11 (North Walsall) Smoke Control Orders came into operation. The No. 12 (Paddock) Order was due to come into operation on 1st November but the Health Committee postponed the operative date until 1st March 1969 in view of the altered grant arrangements which allowed claims to be made for electric fires and space heaters.

NOISE

During the year two Circulars were received on noise. One referred to the steps taken to train staff. The brief answer was given that the public health inspectors either received this training in the course of their qualifying courses, or had had their initial training supplemented by additional courses over many years. The second Circular suggested the insertion of a model clause in contracts requiring the silencing of concrete breakers. This suggestion had in fact been the standard practice in this authority, in common with other local authorities in the region, for a considerable time.

A second sound level meter was purchased during the year, complete with frequency band analyser. This instrument not only measures the overall sound level but also permits the measurement of the individual frequencies combining to make up the total sound, thus assisting in the identification of the sources of the noise.

Consultation with the Planning officers and architects is now a regular feature before new proposals are put into being which might cause a noise or vibration nuisance. In many cases preliminary noise level readings are made in advance of new development to give further information and guidance to the developers and the planning officers. This is considered far more satisfactory than trying to deal with the problem of noise associated with the close proximity of houses and factories after one or the other has been built.

Many investigations were carried out during the year into noise complaints, of which the following are taken as examples:—

Pneumatic roadbreakers. In 16 cases warnings were given to contractors using unmuffled pneumatic roadbreakers without muffles. It has been shown that a muffle reduces noise considerably without any marked decrease in efficiency. It is difficult to get the operatives to accept this fact, although the contractors have provided muffles and are anxious to see them used in the interests of good public relations. A new muffle has now come on to the market which is smaller and more robust than the padded muffle jackets at present in use. It is hoped

that this will remove the remaining opposition to the use of muffles. A standard clause is inserted in all Corporation contracts requiring the use of muffles.

Compressors. Noise from compressors either used in road work or in factory systems frequently causes complaint. In factory buildings a solution is usually sought by the use of resilient mountings or complete enclosure of the compressor. In the latter case problems are created of overheating and air intake supplies. In one case the fixing of a silencer proved ineffective and replacement of the compressor with a modern silent model was the final solution.

In the case of road compressors the only eventual answer seems to be the gradual replacement of old equipment with modern compressors, which show a considerable reduction in noise—providing the operative does not open the sound proofing panels to expose the machine to the elements.

Power presses. These presses cause trouble from both noise and vibration, complaints being particularly received when shift working is operated. In one case the re-siting of a press was necessary to remove cause for complaint. In another case it was found that a factory had been started up without planning permission and this was reported to the Planning Department.

Water pump. A complaint of howl from a large capacity water pump used in the manufacture of concrete was cured by extending an intake pipe and running the pump at reduced speed.

Grit Blasting. In this case, although the process itself was recognised to be incurably noisy, the main problem arose from the faulty structure of the building. Following closure of holes in the roof and walls and the building of internal screen walls, there was a considerable reduction in the noise level and complaints ceased.

Night shift work. Complaints of the noise from high pressure oil burners were received but no solution could be found apart from insistence that doors should be kept closed to cut down noise transmission outside the factory. Unfortunately, such arrangements invariably break down, particularly on night shifts when noise is most likely to cause strong complaints from the neighbourhood. Complaints also arose from the noise of personnel and the movement of stock and materials which was not always carried out in the quietest manner.

Buzzer contact system. An arrangement whereby personnel in a factory were called by buzzer alarms gave rise to complaint. Re-siting of the buzzers away from two open windows and some discretion in the use of the buzzers cured the cause for complaint.

Engineering works. Complaints of noise were overcome to some extent by keeping windows and doors closed. Again, these arrangements break down in warm weather and permanent bricking up of window openings may be the only solution. In such a case the factory management must call the Factory Inspectors in to consultation to avoid contravening the Factory Act in order to comply with the Noise Abatement Act.

Lift in multi-storey flats. Visits were made with representatives of the Housing Department and the lift company to find a solution to a noisy lift. The lift at fault was detected by noise measuring equipment and the faults causing the noise were determined.

Whine from extraction system. This problem involving a large factory proved most difficult and costly of solution. Consultants from a University were called in by the firm. Silencers were fitted to the extractor motors but did not prove fully satisfactory. Arrangements were then made to enclose the motors but it was first necessary to design a cooling system to prevent overheating. Even this did not prove entirely acceptable and arrangements were put in hand to build baffle screens.

Drop forging. Complaints of drop forging are received but unfortunately there is no known answer to the problem. The noise and vibration can penetrate ground strata and substantial brick walls. Re-siting of forges at the greatest distance possible from dwellinghouses was undertaken by one firm with bricking up of openings in the wall facing the complainants' houses. Unfortunately, ventilation problems, in view of the heat involved in the forging process, prevents any complete enclosure of a building.

Foundries. A number of complaints were received of foundry operation, particularly when activities commenced early or finished late. The operation of cupolas, handling of stock, delivery of materials, shot blasting, "barreling", grinding, and the operation of extractor fans, all added their quota to the general noise. An entirely acceptable solution when a foundry and houses face each other across the width of a street is virtually impossible to find. In one case the Committee employed a firm of consultants to determine whether the "best practicable means" had been taken by the firm concerned.

British Standards. The standards laid down in B.S.4142 "Method of Rating Industrial Noise Affecting Mixed Residential and Industrial Areas" were used as a guide in assessing noise but the standards were found to be lowly and of limited value in enforcement. Fortunately, most firms recognise the need to work to the higher standards requested by the department or their own consultants.

The prevention of future nuisances by adequate planning law, the setting of standards for newly designed and installed machinery, and the fixing of realistic noise level standards is the real need.

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1.—**INSPECTIONS** for purposes of provisions as to health

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	15	23	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	2,061	387	126	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	6	—	—	—
Total ..	2,082	410	126	—

2.—Cases in which **DEFECTS** were found

Particulars (1)	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	Number of cases in which prosecutions were instituted (6)
Want of cleanliness (S.1)	17	15	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	5	4	—	—	—
(b) unsuitable or defective	111	95	—	7	—
(c) not separate for sexes	2	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	135	115	—	10	—

PART VIII OF THE ACT **OUTWORK**

SECTION 133 AND 134

Nature of Works (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel	5	—	—	—	—	—
Making etc., Cleaning and Washing	—	—	—	—	—	—
Paper bags (Box making) ..	—	—	—	—	—	—
Carding, etc., of buttons, etc. ..	—	—	—	—	—	—
Total ..	5	—	—	—	—	—

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1968

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Report on the School Health Service for the year 1968.

Dr. Ross retired on 31st January having been your Principal School Medical Officer for almost eighteen years and I took up post at the end of April.

The difficulty of recruiting medical staff mentioned in Dr. Ross' last report unfortunately still continues, indeed at the end of the period under review there was one less full-time medical officer than at the beginning. However, by employing doctors on a part-time basis, the Service has not suffered too badly, though there has been a fall of roughly 750 in the number of periodic and special medical examinations carried out in the year and the ideal of having one doctor permanently responsible for a group of schools has proved impossible of achievement.

The Child Guidance Service has had its first full year of operation and the need for expansion is referred to in the body of the report. It has not yet been possible to obtain the services of a child psychiatrist, even on a part-time basis, and the more urgent cases have been referred to hospital consultants.

There has been a part-time physiotherapist employed for an average of two sessions weekly at Reesdwood School for the physically handicapped which ensures continuous treatment for those children in need of it without the necessity of attending an overcrowded hospital out-patients' department. We are still without a speech therapist in spite of extensive advertising and this does leave an undoubted gap in our services.

I wish to thank the Committee for their support and the Director of Education and his staff, including the heads of schools, for their assistance and co-operation during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. C. TALBOT,

Principal School Medical Officer.

1—SCHOOL HEALTH WORK

Periodic Medical Examinations

7,566 children were medically examined during 1968 and of these 7,564 were classified as “satisfactory”. The sole alternative to this classification is “unsatisfactory” and only 0.03 per cent of the children examined were placed in this category.

The shortage of school medical officers has been so acute that it has been necessary in most clinics to reduce the number of medical sessions. The system of selective medical examinations has had to be postponed indefinitely and the continuation of existing services, particularly the detailed assessment of school entrants which is considered to be very necessary though somewhat time consuming, has required the help of a number of doctors working on a part-time basis varying from one to five sessions weekly.

It has been extremely difficult to maintain the standard of service to schools and, at times, the practice of “zoning” school medical officers to areas of schools which is so helpful to good liaison became impossible. Long periods of sick leave in respect of one full-time medical officer added to the problem but in only one or two cases was cancellation of medical examination arrangements unavoidable. I am particularly grateful, this year, to the Headteachers of all schools for their understanding and co-operation and for the friendly relationships which is so much appreciated by all who work in the school health service.

The following table of medical examinations carried out in 1968 shows a slight increase in the number of parents accompanying children in some of the younger age groups but a continuing trend for diminishing numbers in respect of school leavers:—

Year of Birth	Percentage accompanied		Number examined
1963	84.3 %	(81.6 %)	559
1962	85.3 %	(86.7 %)	1,418
1961	85.6 %	(81.5 %)	489
1957	70.0 %	(67.9 %)	1,648
1956	71.9 %	(62.8 %)	780
1954	13.6 %	(15.4 %)	1,670
1953	14.8 %	(16.2 %)	911

(% for 1967 in brackets)

School Clinics

The number of individual children attending the medical sessions was 2,324, an increase of 129 in comparison with last year.

The sessions at present held in the Clinics are as follows:—

BRADFORD STREET CLINIC

Medical	..	..	..	..	2 sessions weekly
Dressings	..	..	..	..	5 sessions weekly
Ophthalmic	..	..	..	..	2 sessions weekly
Dental	..	..	..	..	9 sessions weekly

PINFOLD CLINIC

Medical	..	..	..	..	1 session weekly
Dressings	..	..	..	..	3 sessions weekly
Dental	10 sessions weekly

LITTLETON STREET CLINIC

Dental	6—7 sessions weekly
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BEECHDALE CLINIC

Medical	1 session fortnightly
Dressings	1½ sessions weekly

COALPOOL CLINIC

Medical	..	..	..	..	$\frac{1}{2}$ session fortnightly
Dressings	..	..	..	..	$2 \times \frac{1}{2}$ sessions weekly
Dental	..	..	..	..	2 sessions weekly

MOSSLEY CLINIC

Medical	..	..	..	..	$\frac{1}{2}$ session fortnightly
Dressings	..	..	..	..	$\frac{1}{2}$ session weekly

KINGS HILL CLINIC

Medical	..	..	..	..	1 session fortnightly
Dressings	..	..	..	..	1½ sessions weekly

BILSTON STREET CLINIC, DARLASTON

Medical	..	..	..	..	1 session fortnightly
Dressings	..	..	..	..	1½ sessions weekly
Dental	..	..	..	..	5 sessions weekly

WALSALL STREET CLINIC, WILLENHALL

Medical	1 session fortnightly
Dressings	1 session weekly

BENTLEY CLINIC

Dressings	1 session weekly
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SHORT HEATH CLINIC

Medical	1 session fortnightly
Dressings	1 session weekly
Dental	9—10 sessions weekly

HATHERTON ROAD

Child Guidance Centre	No. of sessions varying
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The Medical examination of immigrant children of all nationalities prior to school entrance has continued and during the year 719 children were examined. The examination included heaf tests and chest x-rays or B.C.G. Vaccination.

2—HANDICAPPED CHILDREN

In January of this year 278 children were on the registers of Special Schools, Day or Residential, for educationally subnormal pupils and 139 were attending Special Schools for other categories of handicapped, making a total of 417 a figure which by coincidence is identical with the total for the previous year.

Ninety-one children were newly placed in special schools during the year and of this number two were partially sighted, four were deaf, one was partially hearing, thirteen were physically handicapped, sixteen were delicate, three were maladjusted and fifty-two were educationally subnormal.

During the year 48 children were ascertained as requiring admission to special schools for educationally subnormal and 52 were placed leaving a slightly reduced waiting list of 67. There are approximately fifty children who have been notified to us as requiring assessment and due to shortages of medical staff and psychologists have not yet been seen. This is unfortunate as head teachers who recommend pupils for assessment have to wait first for the examination and then for a placement if recommended and it is probable that this leads them not to put forward the names of apparently border line pupils. It is possible that for this reason our waiting list may be artificially shorter than it otherwise would be.

In other categories of handicapped only seven children were awaiting placement in January 1969 and of this number one was partially hearing, one was physically handicapped and five were delicate.

(a) School Placement

	Boys	Girls	Total
BLIND AND PARTIALLY SIGHTED			
Royal Institute for the Blind, Birmingham	1	2	3
Overley Hall, Wellington	1	—	1
Queen Alexandra Technical College, Birmingham	1	—	1
Exhall Grange, Warwickshire	2	—	2
Priestley Smith Day Special School, Birmingham	4	4	8
DEAF AND PARTIALLY HEARING			
Royal School for the Deaf, Birmingham ..	5	2	7
The Mount School for the Deaf, Stoke-on- Trent	1	—	1
Bridge House, Harewood, Yorks. ..	1	—	1
Rangemore Hall, Needwood, Staffs. ..	1	—	1
Braidwood Day Special School, Birmingham	8	4	12
PHYSICALLY HANDICAPPED			
Penhurst, Chipping Norton	1	—	1
Hinwick Hall, Wellingborough	1	—	1
Hatchford Park, Cobham	1	—	1
Ian Tetley, Harrogate	1	—	1
Dame Hannah Rogers, Ivybridge ..	—	1	1
Whightwick Hall, Staffs. (Residential Day)	1	—	1
Lord Mayor Trelour College, Hampshire	1	—	1
Star Centre for Youth, Cheltenham ..	1	—	1
Carlson House Day Special School, Birmingham	1	3	4
Reedswood Day Special School ..	24	24	48
DELICATE			
Coventry	1	—	1
Kingswood, Albrighton	5	3	8
Fairfield House, Broadstairs	—	1	1
St. Dominics, Godalming	1	—	1
Reedswood Day Special School	8	7	15
MALADJUSTED			
Whittington Grange, Nr. Lichfield ..	7	—	7
Shenstone Lodge, Shenstone	4	—	4
Edward Rudolf School, Dulwich ..	—	1	1
Bladen House, Nr. Burton-on-Trent ..	1	—	1
Chelfham Mill, Nr. Barnstaple	1	—	1
Kilrea Day Special School, Liverpool ..	1	—	1

			Boys	Girls	Total
EDUCATIONALLY SUBNORMAL					
Beacon School, Lichfield	..	..	40	—	40
Standon Bowers, Staffs.	..	..	1	—	1
Loxley Hall, Staffs.	..	..	2	—	2
Walton Hall, Staffs.	..	..	—	1	1
St. Francis, Monyhull	..	..	—	3	3
Brookside, Derbyshire	..	..	1	—	1
Town Thorns, Coventry	..	..	—	2	2
Wavendon House, Bletchley	..	..	—	1	1
The Castle Day Special School	..	..	106	94	200
Woodsetton Day Special School		..	1	—	1
Fitzwarren Day Special School	..	..	3	1	4
William Baxter Special School		..	13	8	21
Mob Lane Day Special School	..	..	1	—	1
EPILEPTICS					
Sedgewick House, Kendall	...	...	1	—	1

(b) Speech Therapy

We were unfortunately unable to recruit any speech Therapists in the year under review.

(c) Child Guidance

The Child Guidance Service was inaugurated on 1st October 1967 with the appointment of Dr. A. McHale as Senior Educational Psychologist, and temporary accommodation was immediately provided at the Delves Clinic, Broadway, until such time as a more permanent location might be found. Mrs. P. Moffat joined the Service in November 1967, to give secretarial assistance, deal with referrals received by letter and telephone and organise case records and filing. It was not possible to obtain the services of a Social Worker to interview parents until Mrs. N. MacGregor was appointed on 1st October 1968. Soon afterwards, on 1st January 1969, the Child Guidance Centre was established at No. 4 Hatherton Road, in more accessible premises near the centre of the town.

From the inception of the Service the aim has been to make referrals as direct and informal as possible and cases have been accepted from schools, medical practitioners, the Probation Service, the Children Department, Health Visitors and from parents themselves. The only necessary condition has been that the parents' consent to the referral should be obtained at the outset.

Up to the end of March 1969, over 280 cases have been referred, far too many for intensive or prolonged treatment to be offered by the present staff. Treatment has therefore been limited to three or four interviews, with appropriate advice. Almost all the cases have been behaviour problems or nervous disorders, usually with concomitant

educational difficulties, but it has not yet been possible to deal with educational problems as such. There is an urgent need for a second psychologist to assist with the treatment of children, for three social workers to extend the work being done with the children's parents and for residential places for disturbed and nervous children.

It follows from the nature of the problems referred that the Service must deal with families rather than with children in isolation. This is best accomplished by a team of workers who can gain the confidence of the children and their parents, while collaborating closely with other agencies who may be involved in the children's welfare. The present Child Guidance Service may be regarded as a nucleus on which a more extended service, suited to the needs of Walsall, may be formed.

3—PUPILS EXAMINED Heights and Weights

		Height ins.		Weight lbs.	
		Boys	Girls	Boys	Girls
Children born in 1962	..	43.7	42.3	44.3	41.8
Children born in 1961	..	46.2	44.9	44.5	45.7
Children born in 1960	..	45.7	44.9	46.1	44.6
Children born in 1956	..	56.6	55.2	78.4	80.2
Children born in 1955	..	56.9	55.7	82.6	85.4
Children born in 1953	..	61.9	61.8	118.7	116.3
Children born in 1952	..	64.5	62.5	116.1	113.8

4—THE WORK OF THE SCHOOL NURSES

Nursing sessions at School Clinics have continued and 3,013 children have made 11,439 attendances. The nurses carried out a variety of treatments for minor ailments, including verrucas and, of course, treatments recommended by the school medical officers.

The school nurses assisted the doctors in clinics and at medical inspections at school. Other work in school included vision surveys for children of infant, junior and secondary age with colour vision testing for 11 year old children, Heaf testing in connection with the B.C.G. scheme, poliomyelitis immunisation, assistance with diphtheria immunisation and audiometric sweep testing.

Audiometric sweep testing was carried out in the second year infant age group primarily but children of any age suspected of having defective hearing were included at the request of head teachers. In all, the hearing of 2,614 children was tested in schools and 117 children (4% approx.) who failed the test were referred to the school medical officers. Where necessary, children were further investigated at a special 'hearing test clinic' and/or referred to hospital consultants. Five children were newly provided with hearing aids during the year.

In addition, the nurses made 704 domiciliary visits for a variety of purposes including follow-up of defects and persuasion to accept necessary treatments. The homes of children required to attend the medical officers for ascertainment tests were also visited to explain the purpose of the tests, obtain parental co-operation and, as far as possible ensure the attendance of the children.

5—UNCLEANLINESS

The year has been a rather more stable one there being only one change of staff and the Lay Hygiene Assistants carried out 76,397 individual examinations. 1,607 children were found to have varying degrees of infestation compared with 1,616 in the previous year.

Of the 1,607 unclean children, 19 had lice on one occasion only and 51 had lice on more than one occasion; 915 had nits on one occasion only and 622 had nits on repeated occasions.

Whilst improvement in the total number of unclean children is minimal there is a marked improvement in the number of children found to be lice infested, the total number this year being 70 compared with 101 last year and 141 in the previous year. This suggests that whilst the removal of nits remains a time consuming task which many parents are unable or unwilling to pursue the continued free distribution of special shampoo for the use of whole families and persistent home visiting has not been without effect.

The policy of concentrated effort by weekly visiting of schools where the need is greatest for the supervision of groups of children has again been pursued though the 'hard core' appears to remain. A slightly different procedure is to be adopted for the future in the hope of achieving further improvement in these schools. In all cases where children are found to have nits parents will be notified in writing that if at the next visit of the lay hygiene assistant the condition has not been remedied preventative head lotion will be applied in school unless a written objection is received from the parents.

The work in schools was followed up by 1,082 domiciliary visits, giving advice and in cases of need assisting with cleansing. It was not found necessary to issue any compulsory cleansing orders since the children attended the clinics voluntarily for cleansing when requested to do so.

Hygiene in schools was necessarily curtailed to some extent since there was again a considerable increase in the incidence of scabies, which appears to be a national trend, and time which could have been spent in schools had to be given to bathing and painting, a task which is now carried out at the Leckie Memorial Home in Lichfield Street where two baths and much improved conditions are available for this work. A total of 202 children were treated compared with 167 last year and 97 in the previous year. In 24 cases mothers were treated at the same time as the children and a total of 427 baths were given.

6—INFECTIOUS DISEASE

Tuberculosis—Two cases of respiratory tuberculosis and none of other forms of tuberculosis in children of school age were notified during the year as compared with 7 of respiratory tuberculosis and three of other forms in the previous year.

Diphtheria—No cases of diphtheria occurred in Walsall during the year, the last notification having been received thirteen years ago. 1,223 children under the age of 16 years were immunised against the disease. 3,427 children received a reinforcing or “booster” injection. The good response to the practice of immunisation in schools has been maintained.

Scarlet Fever—There were 44 cases of scarlet fever among school children as compared with 33 in 1967. No deaths were recorded.

Measles—395 school children were notified as suffering from measles, as compared with 578 in 1967 but there were no deaths. The immunisation of children in primary schools with the recently developed measles vaccine was started during the year and 1,661 children were inoculated.

Other Diseases—There were 25 cases of whooping cough, 4 of dysentery, 7 of food poisoning and 6 of infective jaundice.

7—SCHOOL ACCOMMODATION

(a)	No. of Secondary Schools	..	..	..	..	22
	County Schools	..	..	..	..	16
	Voluntary Schools	..	..	..	..	6
(b)	No. of Primary Schools	..	..	..	..	74
	County Schools	..	..	..	..	58
	Voluntary Schools	..	..	..	..	16
(c)	Nursery Schools	..	..	..	..	4
(d)	Reedswood Park Day Special School for 60 pupils.					
(e)	Beacon Residential School for 80 Educationally Subnormal Boys.					
(f)	The Castle Day Special School for 160 Educationally Subnormal Pupils with Annexe for 40 pupils.					

8—PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN

Mrs. E. M. Wilde, School Meals Organizer, has been good enough to supply a report on this subject:—

Statistics		1966/67	1967/68
Number of paid meals	.. ..	2,514,273	2,582,075
Number of staff meals	.. ..	238,955	255,891
Number of free meals	.. ..	280,021	383,863
		<hr/> 3,033,249 <hr/>	<hr/> 3,221,829 <hr/>

On a typical day in September 1968, 16,157 third-pint bottles of milk were provided for 53.7% of the children attending the maintained schools and 80.4% of the pupils in independent schools.

Milk in Schools

Milk for Secondary School pupils was discontinued from September 1968. This caused a disruption of deliveries. With reduced sales the supplier had need to prune labour costs and satisfactory re-timing of deliveries has not yet been achieved. Some deliveries are arriving too early, before the school gates have been opened and some too late to fit in with the morning break. Efforts are being made to correct this.

Food Supplies

These have on the whole been satisfactory.

Menus and Diet

Centrally planned menus are discontinued. Supervisors are now responsible for compiling their own. The result is considerably less waste and opportunity to provide more of the dishes popular in their school.

Supervisors have been issued with quantity sheets, menu files, specimen menus and guidance notes.

The annual sample checks from four schools made by the Department of Education and Science were termed very satisfactory, showing an increase in protein content over the previous year.

When costs have permitted, portions of fresh apple have been served after the meal, also milk shakes. Nurseries are providing rusks, raw apple and raw carrot. Coffee is sometimes served in Secondary Schools.

Services

Tray service with choice now operates in six schools.

Francis Martyn	Queen Mary's High
W. R. Wheway	Queen Mary's Grammar
Willenhall Comprehensive	Frank F. Harrison

This continuous service provides three, four or more choices on each course, self help on vegetables, salad and sauces and fresh fruit as an alternative to pudding.

Hygiene

Care in handling of food is constantly stressed.

Instruction on correct methods for sterilising equipment is needed in nearly every establishment.

Personal hygiene and appearance is pursued for improvement where necessary.

Wooden draining boards are gradually being replaced with stainless steel units.

Premises

Improvements or extensions have been made at the following kitchens: Harden, Bentley West, Elm Street, Barcroft, Darlaston Comprehensive, Sandbank Nursery, Coalpool, Francis Leveson and Elmore Green.

Fires at Elmore Green kitchen and Hillary kitchen caused considerable damage to premises but very little food was affected.

Thanks are due to the Public Health Office for their co-operation at all times.

Training

There are twelve employees taking advantage of the part-time day release courses for City and Guilds 147 and 151. Three Supervisors have sat for Royal Society of Health Examination. Encouragement is given to employees, to attend courses but many are unable to take full advantage of this owing to domestic responsibilities after working hours.

It is hoped that a training scheme for Trainee Deputy Cooks and a Supervisors' Refresher Course will be introduced next year at King Charles Kitchen.

Girls leaving school who wish to make a start in catering with School Meals will be registered as craft trainees by the Hotel and Catering Industry Training Board and work at one of five kitchens passed by the Training Board. These kitchens are Chuckery kitchen, Harden, Darlaston Comprehensive, Edgar Stammers and Beacon.

Short courses have already been held on Menu Planning and Book-keeping. Groups for instruction on correct methods of washing up and sterilizing will also be arranged.

9—BEACON RESIDENTIAL SCHOOL

I thank Mr. R. W. Peat, Headmaster of the Beacon Residential School for Educationally Subnormal Children, for the report on the work of the school in 1968:—

“During the year there were 18 admissions, 10 of whom came from Walsall. Of the boys who left during 1968, 9 had reached the age limit, transferrals were as follows: 3 to Psychiatric Hospitals, 2 to Training Centres and 2 to Day Special Schools.

The very wide age range remained fairly constant.

AGE RANGE								
7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
<u>1</u>	<u>3</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>10</u>	<u>13</u>	<u>10</u>	<u>12</u>
				16 +				
				<u>3</u>				
				I.Q. RANGES				
				50-59	60-69	70-79	80-89	
				<u>9</u>	<u>29</u>	<u>39</u>	<u>4</u>	

The secondary handicaps of the E.S.N. child in the residential school remain a very noticeable characteristic. Details of the handicaps present are as follows:—

Physical handicap	..	..	..	10
Enuretics	..	..	..	28
Eye defects	..	..	..	11
Epileptics	..	..	..	1
Speech defects	..	..	..	28
Aural defects	..	..	..	2

Unfortunately it has to be reported that it still remains an impossibility to obtain specialist speech therapy and staff shortages have again involved curtailment of remedial programmes in the classroom.

There also remains the high incidence of maladjustment amongst the E.S.N. children in residential schools. The number of boys who present severe behaviour problems remains around 30 and the large proportion of enuretics is indicative of only one aspect of the problems of emotional instability.”

10 CASTLE SCHOOL

The bulk of our educationally subnormal children are day pupils at the Castle School and its Annexe and the second day school is still a year or more in the future. Long waiting periods will then be eliminated.

II REEDSWOOD PARK SCHOOL

The premises at Reedswood Park School which served our physically handicapped pupils for so many years finally became unusable and pupils and staff were transferred in July 1968 to temporary accommodation in St. Giles School, Willenhall. It will be about a year before the new purpose-built school is completed but in the meantime, with goodwill, the education of these children is not being neglected.

The range of handicaps is wide and there is a tendency towards an increase in the number of children with more severely disabling conditions, many being confined to wheelchairs. This trend will undoubtedly continue but the benefit to these children of having their education with others rather than isolated at home makes the attendant problems of transport and care at school more than worthwhile.

12—SCHOOL DENTAL SERVICE

The principal School Dental Officer, Mrs. I. M. Millar, L.D.S., has supplied this description of the work of the School Dental Service:—

“At the beginning of the year our staffing problem was very serious, the clinics were being operated by one full-time dental surgeon apart from myself and two part-timers—the equivalent of 2.9 full-time dental surgeons. In July we recruited another full-time dental surgeon and one again in December. However, the outlook for 1969 is very much better and we hope to be able to have eight clinics running at full capacity.

We have also appointed a consultant Orthodontist for two sessions each week so that the prospect for the dental care of the children of Walsall looks very much more favourable than in the past and we should be able not only to cope with all the dental problems but also to spend more time on Dental Health Education.

I would again make a plea for the fluoridation of the water of the Borough. I would also like to curtail the sale of cariogenic foods in schools. If Tuck Shops are necessary or desirable in a school I would strongly recommend the sale only of crisps, nuts and fresh fruit.

Dental Inspections for the year	10,569
Fillings: permanent	7,447
deciduous	866
Extractions: permanent	1,115
deciduous	3,682
General anaesthetics	1,450
Orthodontic cases completed	57
new cases	83
X-rays	166

MEDICAL INSPECTION AND TREATMENT TABLES

School Population	...	...	32,336
Periodic Medical Inspections	...	...	7,566
Special Inspections	...	...	2,582
Re-inspection	...	...	1,037

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PERIODIC INSPECTIONS

Defect or Disease	Requiring Treatment		Requiring Observation	
	1967	1968	1967	1968
Skin	26	18	239	177
Eyes—				
a. Vision ..	244	266	448	234
b. Squint ..	13	15	87	94
c. Other ..	1	2	34	23
Ears—				
a. Hearing ..	5	2	38	46
b. Otitis Media ..	—	5	171	138
c. Other ..	1	—	25	11
Nose and Throat ..	37	24	518	413
Speech	7	1	51	42
Lymphatic Glands ..	—	—	67	53
Heart	3	1	51	41
Lungs	4	2	188	139
Developmental—				
a. Hernia ..	5	3	15	10
b. Other ..	8	8	114	115
Orthopaedic—				
a. Posture ..	4	3	47	40
b. Feet	6	3	110	90
c. Other ..	4	2	54	32
Nervous System—				
a. Epilepsy ..	1	—	20	15
b. Other ..	—	—	33	48
Psychological —				
a. Development	—	3	44	15
b. Stability ..	—	3	42	38
Abdomen	—	—	25	16
Other	7	2	103	88

SPECIAL INSPECTIONS

Defect of Disease	Requiring Treatment		Requiring Observation	
	1967	1968	1967	1968
Skin	581	412	8	6
Eyes—a. Vision ..	87	65	15	14
b. Squint ..	10	14	4	1
c. Other ..	35	25	2	—
Ears—a. Hearing ..	15	57	33	1
b. Otitis Media ..	12	19	6	4
c. Other ..	33	36	1	—
Nose and Throat ..	75	67	25	19
Speech	8	7	4	2
Lymphatic Glands ..	7	4	2	3
Heart	7	6	1	3
Lungs	37	22	8	5
Developmental—				
a. Hernia ..	2	5	—	—
b. Other ..	17	29	7	5
Orthopaedic—				
a. Posture ..	5	3	—	—
b. Feet	72	63	4	1
c. Other ..	80	55	1	4
Nervous System—				
a. Epilepsy ..	3	3	4	2
b. Other ..	21	10	4	1
Psychological—				
a. Development	30	12	—	1
b. Stability ..	38	38	1	2
Abdomen	18	12	—	—
Other	442	166	9	6

TREATMENT TABLES

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	1967	1968
External and other, excluding errors of refraction and squint	35	25
Errors of Refraction (including squint)	817	791
	—	—
Total ..	852	816
	—	—
No. of pupils for whom spectacles were prescribed ..	521	445

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	1967	1968
Received operative treatment:—		
(a) for diseases of the ear	106	31
(b) for adenoids and chronic tonsillitis ..	320	312
(c) for other nose and throat conditions ..	—	—
Received other forms of treatment	77	47
	—	—
Total ..	503	390
	—	—
	1967	1968
Total number of pupils in Schools who are known to have been provided with hearing aids ..	2	5

ORTHOPAEDIC AND POSTURAL DEFECTS

	1967	1968
(a) Pupils treated at Clinics or Out-Patients' Departments	300	214
(b) Pupils treated at school for postural defects ..	—	23
	—	—
Total ..	300	237
	—	—

DISEASES OF THE SKIN
(excluding Uncleanliness)

						1967	1968
Ringworm—							
(i) Scalp						—	2
(ii) Body						2	6
Scabies						167	202
Impetigo						135	64
Other skin diseases						983	852
						<hr/>	<hr/>
				Total ..		1,287	1,126
						<hr/>	<hr/>

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	85	166
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SPEECH THERAPY

Pupils treated by Speech Therapists	287	56
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OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	1,898	1,689
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	106	98
(c) Pupils who received B.C.G. Vaccination ..	989	1,553
	<hr/>	<hr/>
Total ..	2,993	3,340
	<hr/>	<hr/>

DENTAL INSPECTION AND TREATMENT

	1967	1968
Number of pupils inspected by the Authority's Dental Officers	12,723	10,569
Number found to require treatment	8,096	7,334
Number offered treatment	7,653	6,739
Number re-inspected at school or clinic	329	134
Number found to require treatment	262	60
Attendances made by pupils for treatment	9,597	8,854
Sessions devoted to treatment	1,357	1,391
Sessions devoted to inspection	62	50
Fillings:—		
Permanent Teeth	7,270	7,447
Deciduous Teeth	849	866
No of Teeth filled:—		
Permanent Teeth	5,615	5,763
Deciduous Teeth	711	679
Extractions:—		
Permanent Teeth	921	1,115
Deciduous Teeth	3,877	3,682
Administration of general anaesthetics for extraction	1,539	1,450
Number of pupils supplied with artificial teeth ..	8	9
Number of pupils x-rayed	87	166
Prophylaxis	802	890
Teeth otherwise conserved	17	11
Number of teeth root filled	5	8
Inlays	—	—
Crowns	3	6
Courses of treatment completed	2,060	1,818

ORTHODONTICS

Cases remaining from previous year	347	185
New cases commenced during year	134	83
Cases completed during the year	82	57
Cases discontinued during year	85	27
Number of removable appliances fitted	89	88
Pupils referred to Hospital Consultant	6	1